

**PGY2 Resident Roster**

Please complete the information below for all current residents. If no residents for current residency year, please list residents’ information from most recent residency year.

**Residency Year:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Resident(s)** **(Last name, First name)**  | **College of Pharmacy from Which Resident Graduated** | **Graduation Year** |  **PGY1 Program Completed****(Program Name)** | **PGY1 Program Location****(City, State)** | **Completion Date (Month, Year)** |
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