

**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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