Bristol-Myers Squibb

Advanced Pharmacy Practice Experience Interest Form

Name: _____ E-mail: _____

Expected year of graduation: _____

Pharmacy school name: _____

Please provide the full name and e-mail of your school's APPE / Experiential Coordinator:

_____

Time period (*exact dates* – MM/DD/YY – MM/DD/YY) of rotation requested (please provide up to three options):

1. _____
2. _____
3. _____

☐ **Please indicate if, in addition to the dates above, you are flexible with your rotation dates (selecting any period outside the three above).**

From the following options, please rank your top five areas of interest for a BMS rotation (see website for department descriptions):

- Access Medical Information
- Business Insights & Analytics
- Health Economics & Outcomes Research
- Independent Medical Education
- Marketing
- Medical Information
- Medical Publications and Content
- Medical Strategy
- Policy & Advocacy
- Pharmacovigilance & Epidemiology
- Regulatory Affairs

1. _____
2. _____
3. _____
4. _____
5. _____

Thank you for your interest in the BMS PharmD APPE Rotation Program. With our competitive application process, every effort will be made to arrange a rotation with us and match you within the area of your first choice. You will receive an e-mail no later than **December 20, 2019** notifying you on the status of your application. Please e-mail this completed form along with the rest of your application to student.rotations@bms.com