**PHARMACY RESIDENCY LETTER OF INTENT**

[MM/DD/YYYY]

[SENDER NAME]

[SENDER STREET ADDRESS]

[SENDER CITY, STATE, ZIP]

[RECIPIENT NAME], [RECIPIENT TITLE]

[INSTITUTION NAME]

[INSTITUTION STREET ADDRESS]

[INSTITUTION CITY, STATE, ZIP]

Dear [RECIPIENT NAME],

[INTRODUCE THE CANDIDATE & COMMUNICATE INTENTION TO JOIN RESIDENCY].

[DESCRIBE RELEVANT QUALIFICATIONS, EXPERIENCE, ACHIEVEMENTS, AND SUCCESSES].

[STATE WHY THE APPLICANT IS A GOOD FIT, HOW THE PROGRAM BENEFITS THEM, AND HOW THEY WILL BENEFIT THE PROGRAM].

[EXPRESS GRATITUDE & CONCLUDE LETTER].

Sincerely,

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

[Signature]

[CANDIDATE PRINTED NAME]

[Print Name]