**PGY1 Resident Roster**

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| **Resident****(Last name, First name)** | **College of Pharmacy from Which Resident Graduated** | **Degree (if other than Doctor of Pharmacy)** | **Graduation Year** | **Resident Home Site****(Multi-site Programs Only)** |
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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.