

Notice of Intent

Date: _____

Pharmacy Department Career Ladder Oversight Committee,

I intend to participate in the Pharmacist Career Ladder Program. I plan on applying for:

- Pharmacist II
- Pharmacist III

I understand that supporting documentation and career ladder requirements must be submitted by the last day of the month preceding my annual evaluation, which will be due:

_____ (month/year).

Thank you,

(sign)

Name: