

RECOMMENDATION REQUEST FOR APPLICANT TO PHARMACY RESIDENCY PROGRAM

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____
First Name Middle Initial Last Name

Street Address or P.O. Box

City State Zip Telephone

I waive the right to review this recommendation:

Signature of applicant

TO THE RECOMMENDER:

Please complete this form and return to:

Mary M. Hatcher, Pharm.D., BCPS
Director, PGY2 Critical Care
University of Alabama Hospital
JT 1738 619 19th Street South
Birmingham, AL 35249-6860

FOR THE RECOMMENDER TO COMPLETE:

1. I have known the applicant approximately _____ (month/years).
2. I have known the applicant in the following manner (circle one):
 - a. faculty advisor
 - b. clerkship preceptor
 - c. other faculty position
 - d. employer
 - e. supervisor
 - f. other (please explain) _____
3. I have known him/her (circle one): a. very well b. fairly well c. only casually
4. State any special assets which should be noted about the applicant.
5. State any weakness which you feel would hinder the applicant's ability to perform effectively in a residency program.
6. Please make any additional comments.

7. Recommendation regarding admission (circle one):

- a) I highly recommend this applicant
- b) I recommend this applicant
- c) I recommend this applicant, but with some reservation
- d) I am not able to recommend this applicant

8. Relative to persons of similar background, training and professional interest, how would you rate this applicant for each of the following characteristics?

Please place an "X" under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGEMENT
Academic Ability					
Quality of Work					
Written Communication Skills					
Oral Communication Skills					
Leadership Skills					
Industriousness and Perseverance					
Initiative and Motivation					
Assertiveness					
Cooperativeness					
Ability to Organize and Manage Time					
Ability to Work with Peers					
Ability to Work with Patients					
Dependability					
Resourcefulness and Originality					
Willingness to Accept Constructive Criticism					
Personal Appearance and Professional Demeanor					
Commitment to Professional Practice					
Emotional Stability and Maturity					
Enthusiasm					
Integrity					

Signature of Recommender Date

Name (Type or Print)

Title and Affiliation

Street Address or P.O. Box

City State Zip

(Area Code) Telephone#