

Recommendation Request for Applicant to Pharmacy Residency Program at UPMC Hamot

To be completed by applicant: Please print or type

Name of applicant:

First Name M.I. Last Name

Street address or P.O. Box

City State Zip Telephone Number

I waive the right to review this recommendation.

Signature of Residency Applicant Date

To the recommender:

Please complete and return this form by January 15 to:

Brad Cooper, Pharm.D., FCCM
 Pharmacy and Drug Information Services
 UPMC Hamot
 201 State Street
 Erie, PA 16550
 E-mail: cooperbe@upmc.edu

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. **All comments and information provided will be kept in strictest confidence.**

For the recommender to complete:

I have known the applicant for approximately _____ (months) (years). My relationship to the applicant was (or is) in the following capacity:

- | | |
|---|---|
| <input type="checkbox"/> faculty advisor | <input type="checkbox"/> employer |
| <input type="checkbox"/> clerkship preceptor | <input type="checkbox"/> supervisor |
| <input type="checkbox"/> other faculty relationship | <input type="checkbox"/> other (please specify) _____ |

I know him/her very well fairly well only casually.

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics?
 Please place an X under the rating column which best described the applicant.

CHARACTERISTICS EVALUATED	POOR	AVERAGE	GOOD	EXCELLENT	NO BASIS FOR JUDGMENT
Academic ability					
Clinical skills					
Written communication skills					
Oral communication skills					
Leadership skills					
Initiative and motivation					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Ability to work with multidisciplinary team					
Ability to work with physicians					
Dependability					
Willingness to accept constructive criticism					
Professionalism					
Emotional stability and maturity					
Enthusiasm					

(continued on reverse)

What are the applicant's strengths?

What are the applicant's weaknesses?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Recommendation concerning admission (check one):

- I highly recommend this applicant because:
- I recommend this applicant, but with some reservation because:
- I recommend this applicant because:
- I am not able to recommend this applicant because

Signature of Recommender

Date

Name -- typed or printed

Title and affiliation

Street address or P.O. Box

City

State

Zip
