



To be completed by applicant.

Name: _____

Address: _____

I waive the right to review this recommendation.

Signature of Residency Applicant

To the recommender:

Please complete and return this form by January 4, 2010 to:

University of Utah Hospitals and Clinics
Department of Pharmacy Services
50 North Medical Drive, Room A050
Salt Lake City, UT 84132

- Send Attention to:** Shantel Mullin, **Pharmacy Practice (PGY1)** Residency
 Kyle Ludwig, Specialized Residency in **Critical Care**
 Erin Fox, Specialized Residency in **Drug Information**
 Linda Tyler, Specialized Residency in **Pharmacy Administration**
 Craig Herzog, Specialized Residency in **Pharmacy Informatics**
 Lonnie Smith, Specialized Residency in **Transplantation**

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.

Optional: Fax to 801-585-0403
(Please mail an original signed copy after faxing.)

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:

- Faculty advisor Employer Clerkship Preceptor Supervisor Other (please specify)

I know him/her:

- Very Well Fairly Well Only Casually

Relative to persons of similar background, training, and professional interests, please rate this applicant for each of these characteristics:

Characteristics Evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize and manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance and professional demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We value your written assessment of this applicant. Please either attach a letter of recommendation or provide commentary in this section. Thank you!

Does the applicant possess any special knowledge, skills, or assets that should be noted?

List at least 2 key areas this applicant should focus on improving during the upcoming residency program year.

Would you hire this person to work for you? Why or why not?

Other comments:

Recommendation level (check one)

- | | |
|--|--|
| <input type="checkbox"/> I highly recommend this applicant | <input type="checkbox"/> I recommend this applicant, but with some reservation |
| <input type="checkbox"/> I recommend this applicant | <input type="checkbox"/> I am not able to recommend this applicant |

Signature of respondent: _____ Date: _____

Name typed or printed: _____

Title and affiliation: _____

Street address or PO box: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

E-mail (if preferred): _____