

To be completed by the applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I waive the right to review this recommendation. \_\_\_\_\_  
Signature of Residency Applicant

**To the recommender: Please complete and return this form by January 3, 2012 to:**

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

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.**

**Send Attention to:**

- Shantel Mullin, **Pharmacy Practice (PGY1)**, Shantel.Mullin@hsc.utah.edu
- Brandon Jennings, **Community Practice (PGY1)**, Brandon.Jennings@pharm.utah.edu
- Karen Gunning, **Ambulatory Care (PGY2)**, Karen.Gunning@pharm.utah.edu
- Sarah Dehoney, **Critical Care (PGY2)**, Sarah.Dehoney@hsc.utah.edu
- Erin Fox, **Drug Information (PGY2)**, Erin.Fox@hsc.utah.edu
- Dave Young, **Internal Medicine/Pulm (PGY2)**, David.Young@hsc.utah.edu
- Linda Tyler, **Pharmacy Administration (PGY1&2)**, Linda.Tyler@hsc.utah.edu
- Craig Herzog, **Pharmacy Informatics (PGY2)**, Craig.Herzog@hsc.utah.edu
- Lonnie Smith, **Transplantation (PGY2)**, Lonnie.Smith@hsc.utah.edu

You may email a signed and scanned copy to the email above, then mail the signed original.

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"/>

Applicant's Initials: \_\_\_\_\_

We value your written assessment of this applicant. Please attach a letter of recommendation that addresses the following items or provide detailed responses below. Thank you!

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Does the applicant possess any special knowledge, skills or characteristics that will correlate with success in residency? (Please describe.)

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)

I highly recommend this applicant

I recommend this applicant, but with some reservation

I recommend this applicant

I am not able to recommend this applicant

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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): \_\_\_\_\_