



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 3, 2012 to:

Send Attention to: Daniel Sageser, PharmD

Huntsman Cancer Institute
1950 Circle of Hope
Suite 2110
Salt Lake City, UT 84112

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.

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"/> |

For the recommender to complete:

We value your written comments/assessment of this candidate. Please 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 concerning admission (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

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): _____