

**American Society of Health-System Pharmacists
Residency Applicant Recommendation Request Form**

**Request for Recommendation by Applicant to Pharmacy Residency
Program at _____**

To be completed by applicant:

Name of Applicant: _____

I waive the right to review this recommendation.

Signature of Residency Applicant

To the Recommender:

Please complete and return this form by _____ to: _____

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 resident. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately _____. 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

Does the applicant possess any special assets which should be noted? (Please attached separate letter if needed.)

Does the applicant demonstrate areas that you feel could be improved?

Other comments:

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 describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGEMENT
Quality of work					
Oral communication skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Ability to organize and manage time					
Ability to get along, work with peers					
Dependability					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Recommendation concerning admission (check one):

I highly recommend this applicant.

I recommend this applicant.

I recommend this applicant, but with some reservation.

I am not able to recommend this applicant.

 Signature of Recommender _____ Date:

 Name-typed or printed:

 Title and affiliation:

 Street address or P.O. Box:

 City:

 Telephone Number: