

RECOMMENDATION REQUEST

SECTION I: To be completed by applicant: Please print or type

Name of Applicant: _____

Address: _____

Telephone: _____

I waive the right to review this recommendation: _____

Signature of Applicant

SECTION II: Completed by individual making recommendation: Please print or type

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate the qualifications for residency training. You are 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.

Please complete and return this form to Christine Reed, Pharmacy Department,
York Hospital, 1001 S. George Street, PO Box 15198, York, PA 17405-7198

I have known this applicant for approximately _____ (months/years). My relationship to the applicant was (or is) in the following capacity: (check all that apply)

Faculty/Advisor Employer Externship/Clerkship Supervisor

I know him/her: Very well Fairly well Only casually

Does the applicant possess any special assets which should be noted?

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

Do you know of any instances where the applicant has shown leadership, motivation or creativity to address and solve a problem? (Please describe)

(Please turn over to complete)

Please rank the applicant in the following areas based on the scale provided.

If you do not have a basis for judgment, please leave blank.

	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
Academic Ability	1	2	3	4	5
Quality of Work	1	2	3	4	5
Written Communication	1	2	3	4	5
Oral Communication	1	2	3	4	5
Leadership Skills	1	2	3	4	5
Assertiveness	1	2	3	4	5
Cooperativeness	1	2	3	4	5
Organization Skills	1	2	3	4	5
Time Management	1	2	3	4	5
Work with Supervisors	1	2	3	4	5
Work with Patients	1	2	3	4	5
Resourcefulness	1	2	3	4	5
Professional Demeanor	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Integrity	1	2	3	4	5

Overall Recommendation Concerning Applicant (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
 I do not know this applicant well enough to make a recommendation

Signature

Date

Address

Name (printed or typed)

Address

Title and Affiliation

Telephone Number