

**SHANDS JACKSONVILLE
DEPARTMENT OF PHARMACY**

RECOMMENDATION REQUEST OF PHARMACY RESIDENT APPLICANT

TO BE COMPLETED BY THE APPLICANT (Please Print Clearly or Type)

NAME OF APPLICANT:

First	M.I.	Last
No.	Street	
City	State	Zip Code
(Area Code) Telephone #		

I waive the right to review this recommendation.

Signature of Resident Applicant

TO THE RECOMMENDER

Please complete this form and return to:

Residency Program
Department of Pharmacy
Shands Jacksonville
655 W. 8th Street
Jacksonville, FL 32209

For the recommender to complete:

1. I have known the applicant approximately _____ (months/years).
2. I have known the applicant in the following manner:
 - a. faculty advisor
 - b. clerkship preceptor
 - c. other faculty position
 - d. employer
 - e. supervisor
 - f. other (please explain) _____
3. I have known him/her:
 - a. very well
 - b. fairly well
 - c. only casually
4. State any special assets which should be noted about the applicant.
5. State any weakness which you feel would hinder the applicant's ability to perform effectively in a residency program.
6. Please make any additional comments.

7. Recommendation regarding admission (circle one):

a. I highly recommend this applicant.

c. I recommend this applicant, but with some reservation.

b. I recommend this applicant.

d. I am not able to recommend this applicant.

8. Relative to persons of similar background, training and professional interest, 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 JUDGMENT
Academic Ability					
Quality of Work					
Written Communication Skills					
Oral Communication Skills					
Leadership Skills					
Industriousness and Perseverance					
Initiative and Motivation					
Assertiveness					
Cooperation					
Ability to Organize and Manage Time					
Ability to Work with Peers					
Ability to Work with Patients					
Dependability					
Resourcefulness and Originality					
Willingness to Accept Constructive Criticism					
Personal Appearance and Professional Demeanor					
Commitment to Professional Practice					
Emotional Stability and Maturity					
Enthusiasm					
Integrity					

Signature of Recommender

Date

Street Address or P. O. Box

Name – Typed or Printed

City

State

Zip Code

Title and Affiliation

(Area Code) Telephone #