

**REQUEST FOR RECOMMENDATION BY APPLICANT TO THE
 Combined PGY1/PGY2 Health-System Pharmacy Administration Residency
 Virginia Commonwealth University Health System**

To be completed by the applicant (you may enter data then save for printing, or print a blank form):

NAME _____
LAST NAME FIRST NAME MI

ADDRESS _____
STREET ADDRESS OR PO BOX CITY STATE ZIP CODE

TELEPHONE (____) _____ **E-MAIL ADDRESS** _____

I waive the right to review this recommendation.

SIGNATURE OF APPLICANT DATE

The applicant requests that this recommendation be completed, placed in a sealed and signed envelope, and returned by:

[DATE] _____

 Applicants to the VCU Health System pharmacy residency programs are required to have recommendations submitted by persons who are in a position to objectively evaluate the applicant's qualifications. The recommendation should reflect a frank appraisal of the applicant's character, personality, abilities, and suitability for a pharmacy residency. The completed recommendation should be returned, in a sealed and signed envelope, to the applicant for submission in one packet.

To be completed by the recommendation provider (please print or type):

I have known the applicant for approximately (fill in; note if months or years): _____

My relationship to the applicant has been in the following capacity (check all that apply):

____ clerkship preceptor ____ faculty advisor ____ other faculty role
 ____ employer ____ supervisor ____ other role: _____

Considering my awareness of the applicant, I believe I know him or her:

____ very well ____ fairly well ____ only casually ____ insufficiently

PLEASE COMPLETE THE SECOND PAGE OF THIS RECOMMENDATION FIRST, AND THEN COMPLETE THE REMAINDER OF THIS PAGE.

For my overall recommendation, considering the qualifications of this applicant, I:

____ HIGHLY RECOMMEND ____ RECOMMEND ____ RECOMMEND WITH RESERVATION ____ CANNOT RECOMMEND

SIGNATURE OF RECOMMENDATION PROVIDER DATE

NAME _____ **TITLE AND AFFILIATION** _____

ADDRESS _____
STREET ADDRESS OR PO BOX CITY STATE ZIP CODE

TELEPHONE (____) _____ **E-MAIL ADDRESS** _____

CHARACTERISTICS EVALUATED

Please rate this applicant for each of the following characteristics.

- **Exceeds** = the candidate exceeds what is expected to enter a residency program
- **Appropriate** = the candidate performs appropriately for what is expected to enter a residency program
- **Fails to Meet** = the candidate fails to meet the level expected to enter a residency program
- **N/A** = not applicable or not observed

Please place an **X** in the rating column that best describes the applicant for each of the characteristics noted.

CHARACTERISTICS EVALUATED	Exceeds	Appropriate	Fails to Meet	N/A	Comments
Writing skills (clinical, email, and assigned writings)					
Oral communication skills					
Leadership/ Mentoring skills					
Assertiveness					
Ability to organize and manage time					
Ability to work with peers and communicate effectively					
Clinical Problem Solving Skills					
Effective patient interactions					
Dependability					
Independence and resourcefulness					
Willingness to accept constructive criticism					
Emotional stability and maturity					
Professionalism (professional attire and professional demeanor)					

NARRATIVE COMMENTS

Please respond to the following questions regarding the residency candidate applicant.

1. Please describe the nature of your interactions with the candidate. Under a period of normal workload or abnormal? Frequency or number of directly observed clinical activities of the candidate? The degree of independence the candidate was given? Was that independence reduced or increased over the duration of a rotation? How did the candidate's skills compare with (in order of preference) concurrent residents, peer students or students from other colleges?

2. Please provide 2 strengths of this candidate and how you believe these strengths will be beneficial to his/her success in a residency program.

3. Please provide 2 areas for improvement of this candidate and how you believe a residency program will be able to work with the candidate's noted areas for improvement.

4. Please feel free to address any other characteristics or observances of the candidate not mentioned previously.