

**Carl T. Hayden VA Medical Center
Clinical Pharmacy Section 119A
Phoenix, Arizona**

RECOMMENDATION REQUEST OF RESIDENT APPLICANT

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

I. APPLICATION INFORMATION: Please **check** the residency program to which you are applying.

- PGY1 Residency: Acute Care Focus Program** **PGY1 Residency: Ambulatory Care Focus Program** **PGY2 Residency: Internal Medicine Specialty**

II. DEMOGRAPHIC INFORMATION:

NAME OF APPLICANT:

Last

First

Middle

Street Address

Apartment Number

City

State

Zip Code

Phone Number

E-mail Address

I waive the right to review this recommendation:

Signature of Resident Applicant

TO THE RECOMMENDER:

Please complete this form and **return directly** to the appropriate residency program contact listed below by January 15:

Sara Anderson, Pharm.D., Coordinator
PGY1 Residency:
Acute Care Focus Program
Clinical Pharmacy Section 119A
Carl T. Hayden VA Medical Center
650 East Indian School Road
Phoenix, Arizona 85012

Jennifer Retterer, Pharm.D., Director
PGY1 Residency:
Ambulatory Care Focus Program
Clinical Pharmacy Section 119A
Carl T. Hayden VA Medical Center
650 East Indian School Road
Phoenix, Arizona 85012

Chris Taylor, Pharm.D., Director
PGY2 Residency:
Internal Medicine Specialty
Clinical Pharmacy Section 119A
Carl T. Hayden VA Medical Center
650 East Indian School Road
Phoenix, Arizona 85012

1. I have known the applicant approximately _____ (months/years).

2. I have known the applicant in the following manner *(please check the most appropriate)*:

- faculty advisor employer clerkship preceptor
 other faculty position supervisor other (please explain): _____

3. I have know him/her *(please check the most appropriate)*:

- very well fairly well only casually

4. State any special assets which should be noted about the applicant.

5. State any weakness(es) 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 (*please check the most appropriate*).

- 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

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.

CHARACTERISTIC EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic Ability					
Quality of Work					
Written Communication Skills					
Oral Communication Skills					
Formal Presentation Skills					
Leadership Skills					
Industriousness & Perseverance					
Initiative & Motivation					
Assertiveness					
Cooperativeness					
Ability to Organize & Manage Time					
Ability to Work with Peers					
Ability to Work with Patients					
Dependability					
Resourcefulness & Originality					
Willingness to Accept Constructive Criticism					
Personal Appearance & Professional Demeanor					
Commitment to Professional Practice					
Emotional Stability & Maturity					
Enthusiasm					
Integrity					

Signature of Recommender Date

Street Address or PO Box

City, State, Zip Code

Name of Recommender (Typed or Printed)

Phone Number

Title & Affiliation

E-Mail Address