Request for Recommendation by Applicant to Pharmacy Practice Residency Program

VA Salt Lake City Health Care System, Salt Lake City, UT 84148

I wish to be considered for the following residency program:

☐ VA Salt Lake City Health Care System, Salt Lake City, UT

☐ VA Pocatello Community Bases Outpatient Clinic, Pocatello, ID

☐ Both

To be completed by the applicant

(Please print or type)

Name of Applicant: _____

Last Name First Name Middle

Address: _____

Street City State Zip Code

Telephone Number: _____

I waive the right to review this recommendation: _____

Signature of Residency Applicant Date

Recommender: Please complete and return this form *DIRECTLY* to the program director listed below by: January 20

Ravi Pathak, PharmD, PhD, BCPS
Director, Pharmacy Education and Training
VA Salt Lake City Health Care System (119A)
500 Foothill Drive
Salt Lake City, UT 84148

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 PGY1 pharmacy practice residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, knowledge, skills, abilities and suitability for a pharmacy practice residency (PGY1).

SEPARATE RECOMMENDATION LETTER IS NOT REQUIRED

To completed by the recommender

I know _____ very well ☐ fairly well ☐ casually ☐

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

☐ Clerkship preceptor ☐ Faculty advisor ☐ Employer ☐ Supervisor

☐ Other (please specify): _____

Please describe how this applicant performed at your rotation(s) or site, and state any completed project(s).

Please describe any special talent(s) and/or strength(s) you noticed in this applicant during rotation(s) or at your site.

Please describe some of the areas you felt this applicant needed to improve during rotation(s) or at your site.

What additional skills, abilities and knowledge does this applicant need to successfully complete a highly clinically focused, intensive pharmacy practice residency program?

(Attach additional pages if needed)

Relative to persons of similar background, education, 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.

CORE CHARACTERISTICS	**95TH Percentile**	**90TH Percentile**	**80TH Percentile**	**50TH Percentile**	**Can't rate**
a) Multitasks easily (flexibility and adaptability)					
b) Applies therapeutics to practice (technical skills)					
c) Thinks and acts innovatively (creative thinking)					
d) Works well with patients/others (customer service)					
e) Goes the extra mile to help others (stewardship)					
f) Communicates clearly: writing/oral (interpersonal)					
g) Listens actively and shows compassion (interpersonal)					
h) Takes initiative for self learning (personal mastery)					
i) Receptive to constructive criticism (personal mastery)					
OTHER CHARACTERISTICS					
1. Demonstrated emotional maturity and dependability					
2. Completed assignments on time					
3. Demonstrated assertiveness					
4. Demonstrated professionalism					
5. Able to evaluate clinical literature					

Recommendation concerning admission (check one):

☐ **H**ighly recommend. ☐ **R**ecommend. ☐ **R**ecommend, but with some **r**eservation. ☐ **N**ot able to recommend.

Name (please print or type) Title and affiliation E-mail

Street Address City State Zip Code Telephone Number

Signature of Recommender Date