Request for Recommendation by Applicant to Pharmacy Residency Program

VA Salt Lake City Health Care System

☐ **Salt Lake City, UT** ☐ **Pocatello, ID**

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
Associate Chief, Clinical Pharmacy & Education
VA Salt Lake City Health Care System (119A)
500 Foothill Drive
Salt Lake City, UT 84148

Applicants are required to have recommendations submitted by those persons who are in a position to evaluate their qualifications for PGY1 pharmacy 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 residency.

Recommendations from clinical preceptors are highly desirable

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)

How would you rate *this applicant* for each of the following characteristics (Relative to other students you precepted)?

A SEPARATE RECOMMENDATION LETTER GIVING EXAMPLE(S) OF OBSERVED COMPETENCIES BELOW MAY BE ATTACHED

COMPETENCIES (Percentiles)	**95TH**	**90TH**	**80TH**	**50TH**	**Can't rate**
a) Deals effectively with pressure; remains optimistic and persistent (E1).					
b) Open to change and new information; rapidly adapts to new information, changing conditions, or unexpected obstacles (E1).					
c) Identifies and analyzes problems; weighs relevance and accuracy of information; generates and evaluates alternative solutions; makes recommendations (E3).					
d) Makes effective use of technology (software, communications etc.) to achieve results (E4).					
e) Gains cooperation from others to obtain information and accomplish goals (E5).					
f) Develops networks, collaborates to build relationships and achieve goals (E5).					
CORE CHARACTERISTICS (Percentiles)					
1. Treats others with courtesy, sensitivity, respect, and considers and responds appropriately to the needs and feelings of different people (gender, race, origin) in different situations (E2).					
2. Takes initiative for self learning, and is receptive to constructive criticism (E2)					
3. Makes clear and convincing oral presentations (TECH).					
4. Listens effectively; clarifies information as needed (TECH).					
5. Completes assignments on time without reminder and follows through (TECH).					
6. Keeps up-to-date on therapeutics and knowledge applies to practice (TECH).					

FINAL IMPRESSION: This is ☐ an **E**xceptional ☐ a **V**ery good ☐ an **A**spiring candidate. ☐ **H**ighly **R**ecommend. ☐ **R**ecommend.

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

Street Address City State Zip Code Telephone Number

Signature of Recommender Date