



Residency Applicant Recommendation Request Form

Request for Recommendation by Applicant to the following residency program at the University of Rochester Medical Center.

- PGY1 Pharmacy Practice
- PGY1 Community Practice
- PGY2 Emergency Medicine
- PGY 1 Pharmacy Practice – Golisano Children’s Hospital
- PGY2 Infectious Diseases

To be completed by applicant: please print or type

Name of Applicant: _____
 First Name MI Last Name

Street address or P.O. Box

City State Zip Telephone Number

I waive the right to review this recommendation.

Signature of Residency Applicant

To the recommender:

Please complete and return this form by _____ to: _____

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 residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

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

- ___faculty advisor
- ___clerkship preceptor
- ___other faculty relationship
- ___employer
- ___supervisor
- ___other (please specify) _____

I know him/her ___ very well ___fairly well ___only casually

How do you feel the residency candidate performs in the following areas? Please use specific examples if possible.

1. How would you characterize the residency applicant's leadership skills, initiative, and motivation?
2. Is the residency applicant able to form professional relationships with supervisors, pharmacy staff, residency colleagues, physicians, and patients?
3. Do you feel that the residency applicant is emotionally stable, mature, and able to accept and incorporate constructive criticism?
4. How would you describe the residency applicant's enthusiasm, integrity, and dedication to residency training?
5. Does the applicant possess any special assets which should be noted?
6. Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Additional Comments:

Recommendation concerning admission (check one):

I highly recommend this applicant.

I recommend this applicant.

I recommend this applicant, but with some reservation.

I am not able to recommend this applicant.

Signature of Recommender

Date

Name-typed or printed

Title and affiliation

Street address or P.O. Box

City

State

Zip

Telephone Number