



Department of Pharmacy
 1653 West Congress Parkway, Chicago Illinois, 60612-3833

RECOMMENDATION REQUEST FOR APPLICANT TO RESIDENCY IN PHARMACY PRACTICE

TO BE COMPLETED BY APPLICANT (Please print or type):

Name of Applicant _____ Date _____

Address of Applicant _____

NUMBER STREET

CITY STATE ZIP CODE PHONE

ALL COMMENTS AND INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE

TO THE RECOMMENDER:

Applicants to the residency program are required to have recommendations submitted by persons who are familiar with the applicant. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recommender's appraisals are an important ingredient in the systematic evaluation of all applicants.

I have known the applicant for approximately _____ years. During this time he/she was a(n):

- Undergraduate student
 Graduate student
 Advisee of mine
 Employee
 Other (please specify) _____

I know him/her: well fairly well

FOR THE RECOMMENDER TO COMPLETE:

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each characteristic? Please place an X under the rating column which best describes the applicant.

| CHARACTERISTICS EVALUATED | Excellent | Above Average | Average | Below Average | No Basis for Judgment |
|--|-----------|---------------|---------|---------------|-----------------------|
| Academic ability..... | | | | | |
| Quality of work..... | | | | | |
| Written communication skills..... | | | | | |
| Oral communication skills..... | | | | | |
| Leadership skills..... | | | | | |
| Industriousness and perseverance..... | | | | | |
| Initiative and motivation..... | | | | | |
| Cooperativeness..... | | | | | |
| Ability to work with others..... | | | | | |
| Dependability..... | | | | | |
| Resourcefulness and originality..... | | | | | |
| Personal appearance and professional demeanor..... | | | | | |
| Commitment to professional practice..... | | | | | |
| Emotional stability and maturity..... | | | | | |
| Enthusiasm..... | | | | | |
| Integrity..... | | | | | |

What is your overall recommendation for this applicant?

- I highly recommend this applicant I recommend this applicant, however, with some reservations
 I recommend this applicant I do not recommend this applicant

Comments: We welcome and encourage and additional comments that might assist us in considering this applicant for a residency position.

Name of Recommender _____

Position _____

Institution of Employer _____

Address of Institution/Employer _____

Telephone Number _____ Email: _____

Signature of Recommender _____ Date _____

When completed, please use the accompanying self-addressed envelope and send to (may send via email, if more convenient):

Nora Flint, Pharm.D., BCPS
Residency Director
Department of Pharmacy
Rush University Medical Center
1653 W. Congress Parkway
Chicago, IL 60612
nora_flint@rush.edu