RECOMMENDATION REQUEST FOR APPLICANT TO UCSF PHARMACY RESIDENCY PROGRAM

To the Recommender: Please complete and return this form **no later than January 5th**, 2010 to:

Joyce Garabedian August
Coordinator, Pharmacy Residency Progarm
UCSF Department of Clinical Pharmacy
521 Parnassus, Room C-152, Box 0622
San Francisco, CA 94143-0622

Thank you for taking the time to assist in our application process. Applicants to this residency program are required to have recommendations submitted by three persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal, **in the form of a written letter,** of the applicant's character, personality, abilities, and suitability for a pharmacy residency.

A written letter of recommendation must accompany this form. Forms submitted without accompanying letters cannot be accepted as part of the applicant's recommendation requirement. All comments and information provided will be kept in strictest confidence.

Please complete this section.

Name: _____ **Title:** _____

Telephone Number (____) _____

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

My relationship to the applicant was (or is) in the following capacity (please check one): faculty advisor _____ employer _____ supervisor _____ clerkship preceptor (please note rotation) _____ other (please specify) _____.

I know the applicant: very well _____ fairly well _____ only casually _____.

Relative to other persons you have been asked to provide recommendations for, 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 RATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Quality of work					
Written communication skills					
Oral communication skills					
Ability to organize and manage time					
Assertiveness					
Tact					
Initiative, motivation, self-starter					
Dependability, perseverance					
Cooperativeness, team player attitude					
Willingness to accept constructive criticism					
Integrity					
Leadership skills, experience					
Interaction with MDs and RNs					
Ability to work with peers and patients					
Professional demeanor					
Commitment to professional practice, involvement in profession					
Maturity, stability					

Based on your knowledge of this candidate, would you recommend her/him for this residency position?

Highly recommend [ ] Recommend [ ] Do Not Recommend [ ]

To be completed by the applicant:

Name of applicant: _____
Address: _____
City, State, Zip: _____
Area Code/Telephone Number: _____

I waive the right to review this recommendation:

_____
Signature of Residency Applicant Date