

# 2010 Applicant Recommendation Request for the PGY1 Pharmacy Residency Program Seton Family of Hospitals

To be completed by applicant: PLEASE PRINT, TYPE or E-SIGN THEN GIVE FORM or EMAIL PDF TO YOUR RECOMMENDER

Applicant Name: \_\_\_\_\_  
FIRST M.I. LAST

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

I waive the right to review this recommendation:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To the recommender:

Please complete and return this form by *January 8, 2010* to:

Jodi M. Klocek, PharmD  
 Residency Program Director  
 Seton Medical Center Austin  
 Department of Pharmacy  
 1201 W. 38<sup>th</sup> Street  
 Austin, Texas 78705

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. All comments and information provided will be kept in strictest confidence.

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  employer  clerkship preceptor  
 supervisor  other faculty relationship  other (please specify) \_\_\_\_\_

I know him/her:  very well  fairly well  casually

Relative to persons of similar background, 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.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability and integrity					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Other comments:

Recommendation concerning admission (check one):

- I highly recommend this applicant
- I recommend this applicant, but with some reservation
- I recommend this applicant
- I am unable to recommend this applicant

\_\_\_\_\_  
SIGNATURE OF RECOMMENDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title and school/site affiliation

\_\_\_\_\_  
Street address or P.O. Box

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
email