

RECOMMENDATION REQUEST FOR APPLICANT
University of Georgia PGY1 Community Practice Residency

To be completed by applicant:	Name of applicant _____ Street Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____
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I waive the right to view this recommendation _____
Signature of Resident Applicant

To the evaluator: Please complete and return this form by January 15, 2010 to:	Sukhmani Sarao, Pharm.D. University of Georgia College of Pharmacy Athens, GA 30602-2354
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NOTE: Letters of recommendation may be e-mailed to ssarao@rx.uga.edu.

Applicants to the residency program are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The evaluator is asked to make an appraisal of the applicant's character, personality, abilities, and suitability for the residency. **All comments will be kept in the strict confidence.**

Evaluator: I have known the applicant for approximately <input type="checkbox"/> years and <input type="checkbox"/> months as his/her <input type="checkbox"/> Faculty member <input type="checkbox"/> Clerkship preceptor <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____
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Relative to persons of similar training and professional interests, how would you rate the applicant for each of the following characteristics? Place an X in the appropriate column.

Qualifications	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No basis for judgment
Academic ability					
Quality of work					
Verbal communication skills					
Written communication skills					
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					
Personal appearance and professional demeanor					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Does the applicant have any special qualities you would like to note?

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

Do you have any other comments?

What is your recommendation for this candidate?

HIGHLY RECOMMEND

RECOMMEND

RECOMMEND WITH SOME RESERVATION

UNABLE TO RECOMMEND

PLEASE TYPE OR PRINT

Name _____

Title and Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____