

**Request for Recommendation by Applicant to the PGY-1 Pharmacy Residency Program  
St. Joseph Mercy Hospital, Ann Arbor, Michigan**

**To be completed by applicant** (please type or print legibly):

Name of applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

*I waive the right to review this recommendation.*

\_\_\_\_\_  
Signature of residency applicant

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**To the person making the recommendation:  
Please complete and return this form  
By the 2<sup>nd</sup> Friday in January to:**

Nina West, Pharm.D.  
Residency Program Director  
St. Joseph Mercy Hospital  
Department of Pharmacy Services  
5301 East Huron River Drive  
P.O. Box 995  
Ann Arbor, Michigan 48106-0995

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 person making the recommendation is asked to make a frank appraisal of the applicants' character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

*For the person making the recommendation 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                       other (please specify) \_\_\_\_\_  
 clerkship preceptor                       supervisor  
 other faculty relationship

I know the applicant                       very well                       fairly well                       only casually

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

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

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 that best describes the applicant.

Characteristic evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No basis for judgement
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Ability to cooperate					
Ability to manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

**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 person providing the recommendation

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Title and affiliation

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, state, zip code