

RECOMMENDATION

RECOMMENDATION REQUEST

MORTON PLANT MEASE PHARMACY PRACTICE RESIDENCY PROGRAM

SECTION ONE – TO BE COMPLETED BY APPLICANT

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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.

I waive the right to review this recommendation.

Signature of Applicant: _____ Date: _____

SECTION TWO – TO BE COMPLETED BY RECOMMENDER

I have known the applicant for approximately _____ months/years.

My relationship to the applicant is/was in the following capacity:

- Faculty advisor
 Clerkship preceptor
 Other faculty relationship
 Other: _____
 I know him/her:
 Very well
 Fairly well
 Only casually

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? (Place an X under the rating column which best describes the applicant.)

CHARACTERISTIC	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize/manage time					
Ability to work with supervisors					

CHARACTERISTIC	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance/professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					



RECOMMENDATION

Assets

Does the applicant possess any special assets that should be noted? _____

Deficiencies

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

Comments

Recommendation

Highly recommend Recommend Recommend with reservation Do not recommend

Last Name: _____ First Name: _____ Middle Initial: _____

Title and Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature of Recommender: _____ Date: _____

Please complete and return this form by January 15th to:

Christine Price, Pharm.D., Residency Director
Morton Plant Mease Health Care, Department of Pharmacy, MS #51
300 Pinellas Street, Clearwater, FL 33756