Baylor University Medical Center
Department of Pharmacy
Residency Applicant Recommendation Request Form

Applicant Information: ____
First Name MI Last Name

____
Street Address or P.O. Box

____
City State Zip

____
Telephone Number

I waive the right to review this recommendation.

____
Signature of Residency Applicant

To the individual completing this form: Please complete electronically and submit to program director at the address below by January 6, 2012:

Grace Norales, PharmD, BCOP
Pharmacy Practice Residency Director
Baylor University Medical Center
Department of Pharmacy
3500 Gaston Avenue
Dallas, TX 75246
Graciela.norales@baylorhealth.edu

Applicants to the residency program at Baylor University Medical Center are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The individual completing this form is asked to make a frank appraisal of the applicant's character, personality, abilities, and suitability for a pharmacy practice residency. Recipients of this information are asked to keep it confidential. Additional comments on a separate sheet are welcome.

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

2.) My relationship to the applicant was (or is) in the following capacity:

___faculty advisor ___employer
___clerkship preceptor ___supervisor
___other faculty relationship ___other (please specify)________________

3.) I know him/her ___very well ___fairly well ___only casually

4.) Does the applicant possess any special assets that should be noted?

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

6.) Other comments:

7.) 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 column which best describes the applicant:

Characteristics Evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgement
Academic Utility					
Quality of Work					
Written Communication Skills					
Leadership Skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize & manage time					
Ability to work with supervision					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Acceptance of constructive criticism					
Professional demeanor					
Attitude					
Commitment to professional practice					
Maturity					
Enthusiasm					
Integrity					

8.) Recommendation concerning admission (choose 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 individual completing this form Date

Printed name

Title and affiliation

Street address or P.O. Box

City State Zip

Telephone number