

Recommendation Request for Applicant to Postgraduate Year One (PGY1) Program at Mercy Health Partners

To be completed by applicant: Please type or print

Name of Applicant:

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 recommender:

Please complete and return this form by **January 15th** to:
 Angela Green, PharmD, BCPS
 Department of Pharmacy
 Mercy Health Partners
 1500 E. Sherman Blvd
 Muskegon, MI 49444

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 ____ only 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					
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					
Resourcefulness and originality					
Willingness to accept criticism					
Personal appearance and demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

(continued on next page)

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 not able to recommend this applicant.

Signature of Recommender

Date

Name-typed or printed

Title and Affiliation

Street address or P.O. Box

City State Zip

Telephone Number

**American Society of Health System-Pharmacists
Standardized Residency Applicant Recommendation Request Form**