

## Saint Joseph Regional Medical Center PGY-1 Pharmacy Residency Program Letter of Recommendation

Applicant Name: \_\_\_\_\_  
 (Print or Type: First Name, Middle Initial, Last Name)

Applying for the Pharmacy Practice Residency Program in an:                       **Ambulatory Care Setting**                       **Acute (hospital) Care Setting**

I waive the right to review this recommendation \_\_\_\_\_  
 (Signature of Applicant)

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I have known the applicant for approximately \_\_\_\_\_ month/years.                      My relationship to the applicant was that of \_\_\_\_\_.

I know him/her \_\_\_\_\_ very well.                      \_\_\_\_\_ fairly well.                      \_\_\_\_\_ only casually.

In addition to ranking the resident below, in a separate letter please comment on the character and ability of the resident to function effectively in a pharmacy practice residency. Please address additional information that may be helpful to the selection process including the answers to the following questions:

1. What special strengths do you feel the applicant possesses that should be noted?
2. What weaknesses do you feel the applicant possesses that should be noted?

**Please rank the applicant on the following traits in comparison with others at the same level of experience and training:**

|   | Unable to Rank<br>(Not Able to Assess) | Unsatisfactory<br>(25 <sup>th</sup> Percentile) | Satisfactory<br>(75 <sup>th</sup> Percentile) | Exceptional<br>(> 90 <sup>th</sup> Percentile) |
|---|--|---|---|--|
| Ability to communicate orally effectively     | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to communicate in writing effectively | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to organize and prioritize workload   | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to multitask                          | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to work and cooperate with others     | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to provide leadership                 | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to provide direct patient care        | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to teach others pharmacotherapy       | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Ability to accept constructive criticism      | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Distribution/Medication control skill         | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Clinical Skill                                | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Motivation/Enthusiasm                         | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Emotional stability/Maturity                  | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Assertiveness                                 | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Dependability                                 | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |
| Integrity                                     | <input type="checkbox"/>               | <input type="checkbox"/>                        | <input type="checkbox"/>                      | <input type="checkbox"/>                       |

**Recommendation for acceptance into the residency program:**

- The applicant has my highest recommendation
- I recommend the applicant with confidence
- I recommend the applicant with some reservation
- I am unable to recommend the applicant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form, with the letter of recommendation, no later than January 17<sup>th</sup> to:**

Ed Sheridan, PharmD  
 PGY-1 Pharmacy Residency Program Director  
 837 East Cedar Street, Suite 125  
 South Bend, Indiana 46617  
 Phone: 574-237-7637  
 E-mail: Sheridan@sjrmc.com