

Recommendation to Pharmacy Practice Residency at Minneapolis VA Health System

Please attach this to your separate letter of recommendation to upload into Phorcas.

Name of Applicant: _____
First Name MI Last Name

I have known the applicant for approximately _____ (months) (years)

My relationship to the applicant was (or is) in the following capacity (may choose more than one)
 ___ faculty/advisor ___ employer/supervisor ___ clerkship preceptor ___ other (please specify) _____

I know the applicant: ___ very well ___ fairly well ___ casually

Provide a rough estimate of the number of pharmacy *students* you have worked with in the last 3 years? _____

Provide a rough estimate of the number of pharmacy *residents* you have worked with in the last 3 years? _____

Please rate candidate **in comparison to the Average pharmacy student. Mark with an X in the appropriate box.**

CHARACTERISTICS EVALUATED	Average	Top 50%	Top 25%	Top 15%	Top 5%	No Basis to Judge
Quality of work						
Communication skills						
Initiative and motivation						
Cooperativeness; Ability to work with others						
Ability to organize and manage time						
Ability to work with patients						
Dependability						
Professionalism						
Maturity						

Overall Recommendation concerning qualifications for a residency (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.

Please provide a separate letter of recommendation in addition to form

 Name-typed or printed

 Title and affiliation

 Street address or P.O. Box

 City State Zip

 Telephone Number