

Pharmacy Residency Programs

Recommendation Request

Name of Applicant: _____
First Name MI Last Name

This form is required to support the application to the ZVAMC Residency program. If desired, a letter may accompany the form, but completion of the form is required. This form may be sent by mail, fax, or e-mail. It must be sent directly by the person making the recommendation. Forms sent through the candidates themselves will not be accepted. If you have questions regarding this form or the ZVAMC Residency program, contact:

Angie Paniagua, PharmD, CGP
 Assistant Chief of Pharmacy
 Zablocki VA Medical Center
 5000 W. National Avenue
 Milwaukee, WI 53295

Phone: 414-384-2000 ext 41150

e-mail: angie.paniagua@va.gov

Applicants to the residency program are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for the 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
 Clerkship preceptor
 other faculty relationship
 Employer
 Other (Please specify) _____

I know the applicant:
 Very well
 Fairly well
 Only casually

Please indicate what number of students or employees you have precepted or supervised over the past 2 years that you are using as a comparison group to this applicant. _____

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 to rank	Comments (optional)
Quality of work						
Written communication skills						
Oral communication skills						
Leadership skills						
Initiative, motivation, perseverance						
Ability to organize and manage time						
Ability to accept constructive criticism						
Ability to work with peers						
Ability to work with patients						
Assertiveness						
Dependability						
Resourcefulness, originality						
Professionalism						
Emotional stability and maturity						

Does the applicant possess any special assets that should be noted? Please describe a situation or activity that best exemplifies the asset/s mentioned. (An accompanying letter to provide further details is welcomed).

Does the applicant demonstrate any weakness that you feel would hinder his/her ability to perform effectively in a residency program? Please describe the situation or activity that best exemplifies the weakness/es. (An accompanying letter to provide further details is welcomed).

Please comment on the applicant's ability to engage in project or research activities.

Other Comments:

Recommendation concerning applicant (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

Name – Typed or Printed

Title & affiliation

Street Address or PO Box

City

State

Zip

Telephone Number

E-mail Address

Date

Please complete and return this from no later than January 15th, 2009 to:

Angie Paniagua, PharmD, CGP
Pharmacy Clinical Manager
Zablocki VA Medical Center
5000 W. National Avenue
Milwaukee, WI 53295

Fax: 414-389-4276

e-mail: angie.paniagua@va.gov