



# PGY-1 Pharmacy Residency Program

## Supplemental Letter of Recommendation Form

Name of Applicant: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Your name (person writing letter of recommendation): \_\_\_\_\_

Title: \_\_\_\_\_ Affiliation/Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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. An accompanying letter to provide further details about this applicant is welcomed. This form is required in addition to the candidate assessment completed in PhORCAS (Pharmacy Online Residency Centralized Application Service). **All comments and information provided will be kept in strictest confidence.**

### For the Recommender to complete:

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

Do you work with pharmacy residents in your position?  YES  NO

If you answered YES above how would you rank this candidate compared to other PGY1 residents you have worked with?

- Outstanding (top 10%)       Excellent (top 1/3)       Very Good (middle 1/3)
- Good (lower 1/3)       Poor (would not want)

How much guidance do you predict this application will need during residency?

- Almost None       Minimal       Moderate       Significant

Given the necessary guidance what is your prediction of success for the applicant?

- Outstanding       Excellent       Good       Poor

Other Comments:

Please upload this document to "Supplemental Document" portion of PhORCAS as instructed.

If you have questions regarding this form or the ZVAMC Residency program, contact:

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