Baylor University Medical Center
Department of Pharmacy
Residency Applicant Recommendation Request Form

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 individual completing this form: Please complete and return by January 13th, 2007 to:

Mai T. Franklin, Pharm.D, BCPS
Pharmacy Practice Residency Director
Baylor University Medical Center
Department of Pharmacy
3500 Gaston Ave.
Dallas, TX 75246

Applicants to the residency program at Baylor University Medical Center are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The individual completing this form is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy practice residency. Recipients of this information are asked to keep it confidential. Additional comments on a separate sheet are welcome.

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

Does the applicant possess any special assets that should be noted?

Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in a residency program?

Other Comments:

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					
Oral 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 constructive criticism					
Personal appearance and professional demeanor					
Attitude					
Commitment to professional practice					
Maturity					
Enthusiasm					
Integrity					

Recommendation concerning admission (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.

____
Signature of individual completing this form Date

____
Name-typed or printed

____
Title and affiliation

____
Street address or P.O. Box

____
City State Zip

____
Telephone Number