Request for Recommendation by Applicant to Pharmacy Practice Residency Program
at Wake Forest University Baptist Medical Center

To be completed by applicant: please print or type

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 recommender:

Please complete and return this form by January 10 to James R. Beardsley, Pharm. D., BCPS., Wake Forest University Baptist Medical Center, Medical Center Blvd., Winston-Salem, NC  27157

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant’s character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

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  _____employer
_____clerkship preceptor  _____supervisor
_____other faculty relationship  _____other (please specify) ________________________

I know him/her _____very well  _____fairly well  ___only casually

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.

<table>
<thead>
<tr>
<th>CHARACTERISTICS EVALUATED</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>UPPER 50%</th>
<th>LOWER 50%</th>
<th>NO BASIS FOR JUDGMENT</th>
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<tbody>
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<td>Academic ability</td>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Leadership skills</td>
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<td>Initiative, motivation and perseverance</td>
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<td>Assertiveness</td>
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<td>Ability to organize and manage time</td>
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<td>Ability to work with others</td>
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<td>Dependability</td>
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<td>Willingness to accept constructive criticism</td>
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<td>Emotional stability and maturity</td>
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<td>Integrity</td>
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In addition, please comment on the applicant’s character, ability, and suitability for a pharmacy practice residency. Please include any assets or weaknesses that would influence the applicant’s ability to perform effectively in a residency program. Feel free to attach additional comments if desired.

Recommendation concerning admission (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    Date

____________________________________________________
Name-typed or printed

____________________________________________________
Title and affiliation

____________________________________________________
Street address or P.O. Box

____________________________________________________
City    State    Zip

____________________________________________________
Telephone Number    E-mail

resident/a:resappl