



Applicant Recommendation for PGY1 Residency Program at McLeod Regional Medical Center

Applicant to complete: please print or type

Name of Applicant:

First Name	MI	Last Name	Street Address or P.O. Box
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City	State	Zip	Telephone Number
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I waive the right to review this recommendation: Signature of Residency Applicant _____

Recommender to complete:

Please complete and return this form by January 15th to Bradley White, Pharm. D., McLeod Regional Medical Center, 555 East Cheves Street, P.O. Box 100551, Florence, SC 29501

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.

I have known the applicant for approximately _____ (months) (years). My relationship to the applicant is:

- | | | |
|--|---|---|
| <input type="checkbox"/> Faculty advisor | <input type="checkbox"/> Employer | <input type="checkbox"/> Clerkship preceptor |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Other faculty relationship | <input type="checkbox"/> 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.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGEMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Initiative and motivation					
Assertiveness and Perseverance					
Ability to organize and manage time					
Ability to work with others					
Dependability					
Willingness to accept constructive criticism					
Professionalism and demeanor					
Emotional stability and maturity					
Integrity					

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.



Overall Recommendation (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 Email