

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					
Commitment to professional practice					
Emotional stability and 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 Recommender

Date

Name-typed or printed

Title and affiliation

Street address or P.O. Box

City

State

Zip

Telephone Number

**American Society of Health-System Pharmacists
Residency Applicant Recommendation Request Form**