

## Department of Pharmaceutical Services

## Letter of Recommendation for Nutrition Support Pharmacy Fellowship

**TO BE COMPLETED BY THE APPLICANT:**

**Name of the Applicant** (First, MI, last name)**:**

|  |
| --- |
| Street Address: |
| City:  | State:  | Zip Code:  |
| Email Address:  | Preferred Telephone:  |

By typing below, I waive the right to review this recommendation.

Electronic Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

 (Please type)

**TO BE COMPLETED BY THE RECOMMENDER:**

Thank you for submitting a recommendation on the applicant’s behalf. Applicants are required to have recommendations from persons who are in a position to evaluate his/her qualifications for fellowship training. The recommender is asked to make a frank appraisal of the applicant’s character, personality, abilities, and suitability for a pharmacy fellowship. All information provided will be kept in strict confidence.

Please complete and return this form via email by **December 31st** from your institutional or business email. Email this form to vivian.zhao@emoryhealthcare.org with the applicant’s name and “NSPF” in the subject line.

1. **Reference Contact**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |   |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:**  |  |
| **Country:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Position/Title:** |  |
| **Place of Employment:** |  |

1. **Reference Relationship**

|  |  |
| --- | --- |
| I have known the candidate for approximately: | Months:Years: |
| The relative hours per week of our interaction during that time (hours): |  |
| My relationship with the candidate was (or is) in the following capacity: | [ ]  Faculty[ ]  APPE Preceptor[ ]  Other (please specify):  |
| I know him/her: | [ ]  Very Well[ ]  Fairly Well[ ]  Casually |

1. **Evaluation and Characteristic Comments**

Relative to persons of **similar background, training, and professional interest,** how would you rate this applicant for each of the following characteristics? Please check the rating column which best describes the applicant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Characteristics Evaluated  | UPPER 10% | UPPER 25% | UPPER 50% | LOWER 50% | N/A | Comments (Please address at least 5 fields below) |
| Writing skills  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Oral communication skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Leadership/mentoring skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Assertiveness | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Ability to organize and manage time | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Ability to work the peers and communicate effectively  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Clinical problem-solving skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Effective patient interactions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Dependability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Independence, originality, and resourcefulness | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Willingness to accept constructive criticism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Emotional stability and maturity  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Professionalism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Integration into a clinical service/team | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

1. **Narrative Comments**

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| --- |
| **Please describe: 1) the nature of your interactions with the applicant, 2) under a period of normal workload or abnormal, 3) the frequency or the number of directly observed clinical activities of the applicant, 4) the degree of independence the applicant was given, 5) was that independence reduced or increased throughout the rotation 6) how did the applicant's skills compare with (in order of preference) concurrent residents, peer students or students from other colleges.** |

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| **Please provide 2 strengths of this applicant and how you believe these strengths will be beneficial to his\her success in a fellowship program.** |

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| **Please provide any weaknesses you feel may hinder the applicant’s ability to perform effectively in a fellowship program and/or provide 2 areas for improvement of this applicant and how you believe a fellowship program will be able to work with the applicant's noted areas for improvement.** |

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| **Please feel free to address any other characteristics or observances of the applicant not mentioned previously.** |

1. **Recommendation Concerning Admission**

[ ]  I highly recommend this applicant.

[ ]  I recommend this applicant.

[ ]  I recommend this applicant, but with some reservations.

[ ]  I am not able to recommend this applicant.