



LOMA LINDA UNIVERSITY

Letter of Recommendation Form

INFECTIOUS DISEASES Fellowship Program

APPLICANT INFORMATION	
Last Name	First Name
Address	
City	State/Zip
Telephone Number	Email Address

I waive the right to review this recommendation _____
Signature of Residency Applicant

To the Recommender:

Applicants to this residency program specified above are required to have **confidential** recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. Please **complete this form and also submit a separate letter** addressing your evaluation of the applicant's character, personality, abilities and suitability for a pharmacy practice residency program as well as any other reflections on the applicant's qualities.

Return this evaluation form and your letter postmarked by **Saturday, January 4, 2014** to:

Steve Forland, Pharm.D.
Director, Pharmacy Fellowship Infectious Disease Program
Loma Linda University Medical Center
11234 Anderson St. Loma Linda, CA 92354
Phone: (909) 558-4000, ext. 43980
Email: sforland@llu.edu

To be completed by Recommender:

I have known the applicant for approximately _____ months/years (circle one)

My relationship to the applicant was (or is) in the following capacity:

_____ Faculty Advisor _____ Employer _____ Clerkship Preceptor

_____ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industriousness and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize and manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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Name (typed or printed) _____

Title and affiliation

Street address or P.O. Box

City	State	Zip
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Telephone Number _____