



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 1) **complete this form** and 2) **submit a separate letter** addressing your evaluation of the applicant's character, personality, abilities and suitability for an infectious diseases fellowship program as well as any other reflections on the applicant's qualities.

Return this evaluation form and your letter **via email by April 7th 2021** to:

Karen Tan, Pharm.D, BCIDP
Director, Pharmacy Fellowship Infectious Disease Program
Loma Linda University Medical Center
11234 Anderson St. Loma Linda, CA 92354
Phone: (909) 558-4000, ext. 19961
Email: KarenTan@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
Clinical skills	<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 peers	<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"/>
Willingness to accept constructive criticism	<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

Name (typed or printed)

Title and affiliation

Street address or P.O. Box

City State Zip

Telephone Number