

RECOMMENDATION FORM

57 HSA PharmD Program

Three recommendations using this form are required with each application. Recommendations should be from people who know the applicants professional, academic, and/or personal achievements or qualities well. **Letters submitted instead of this form will not be accepted.**

After you complete the form, **please email directly to the 57 HSA PharmD Program Director of Student Services at nermine.elmshneb@57357.org.**

Applicant: _____ Full Name	Date: _____
Address: _____ Street	Phone: _____
_____ City/Governorate, Zip	_____ Identification Number or Passport Number (for tracking purposes)

The individual above has applied for admission for the 57 HSA PharmD Program. Your recommendation is critical to our admission process. We request that you make every effort to respond objectively to our questions regarding this individual's qualifications. We request that you provide us with some thoughtful feedback within the context of the following:

1. Relevant and factual data about the applicant's intellectual and problem-solving skills in your setting.
2. Your assessment of his/her communication and interpersonal skills in your setting.
3. Your impression of his/her personal qualities (maturity, honesty, adaptability, initiative) and contributions to your practice setting, organization or class.
4. Information that will help us differentiate this applicant from others and the degree of enthusiasm and confidence with which you support this candidate's application.

You may send a letter or statement in addition to this form; however, we require that you also complete the following sections. After you complete the form, **email it directly to the 57 HSA PharmD Director of Student Services at nermine.elmshneb@57357.org.**

1. How well do you know the applicant? Not well acquainted Slightly Fairly Well Very Well

2. How long have you known the applicant? _____

3. In what capacity? _____

PROFESSIONAL QUALITIES:

	Outstanding Top 5%	Excellent Top 10%	Above Average Top 25%	Average Middle 50%	Below Average Lower 25%	Unable to Rate
Pharmacotherapeutic Knowledge						
Patient Compassion/Empathy						
Clinical Skills						
Intellectual Ability						
	Outstanding Top 5%	Excellent Top 10%	Above Average Top 25%	Average Middle 50%	Below Average Lower 25%	Unable to Rate
Spoken Expression						
Written Expression						
Professionalism						
Emotional Maturity						
Reliability						
Integrity						
Interpersonal Skills						
Self Motivation						
Professional Commitment						
Time Management						
Organizational Skills						
Problem Solving Abilities						

ADDITIONAL INFORMATION

Please provide any additional information that will help to differentiate this applicant from others?

SUMMARY EVALUATION

As a final summary, please choose the following score carefully. The numerical score is used in the formula that ranks each applicant. In comparison with a representative group of individuals who have approximately the same amount of training, education and life experience, what is your OVERALL rating of the applicant?

Truly Exceptional	Outstanding	Above Average	Average	Below Average	Do Not Recommend
6	5	4	3	2	1

Recommender's Name: _____ Position: _____

Address: _____

Telephone Number: _____ Professional Email: _____

Signature: _____ Date: _____

Please email the completed form directly to the 57 HSA PharmD Director of Student Services at nermine.elmoshneb@57357.org. Forms will only be accepted from professional email addresses matching the email address listed above.