

What is your overall recommendation for this applicant?

_____ I highly recommend this applicant

_____ I recommend this applicant

_____ I recommend this applicant, with some reservation

_____ I do not recommend this applicant

COMMENTS: We welcome and encourage any additional comments that might assist un in considering this applicant for a residency position.

Name of Applicant's Reference: _____

Position: _____

Institution or Employer: _____

Address of Institution/Employer: _____

Telephone Number: _____

Signature of Applicant's Reference: _____

When completed, please mail to:
Peggy Malovrh, Pharm.D.
Clinical Coordinator, Pharmacy Practice Residency
Sparrow Hospital
1215 E. Michigan Ave.
P.O. Box 30480
Lansing, Michigan 48909-7980

Thank you for your cooperation and information.