



**RECOMMENDATION REQUEST FOR DRUG INFORMATION  
RESIDENCY APPLICATION**

**APPLICANT'S NAME:** \_\_\_\_\_

\_\_\_\_\_ I waive the right to review this recommendation.

\_\_\_\_\_ I do not waive the right to review this recommendation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**REFERENCE:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Attach a letter of recommendation that addresses the following points:**

- How well and in what capacity do you know the applicant?
- How does this applicant rate with regard to others with similar training (e.g., among best, average, among worst)?
- What special strengths do you feel the applicant possesses?
- How would you evaluate the candidate's communication skills (verbal & written) and interpersonal skills?
- Are there any areas of weakness that must be addressed?
- Do you believe the applicant will be successful in this residency? Why or why not?

**Please complete and return by February 14. Thank you.**

**Return To:** Marie A. Abate, PharmD  
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