

**University of Virginia Health System
PGY1-Pharmacy Residency**

Instructions for Personal Reference Form

Applicant's Name

First Middle Initial Last

SECTION I: To be completed by the applicant

Recommendations in support of your application for admission must accompany this form. You must complete either section A or B below prior to giving this instruction sheet to the person asked to submit the recommendation.

A. I authorize the release of a candid evaluation to assist in the admission process for the PGY1 Pharmacy Residency at the University of Virginia Health System. I understand that the material will be kept confidential both from me and the public **and I waive any right of access** that I might have by law. I further understand that the Residency Program at the University of Virginia Health System does not require me to execute this waiver and is willing to review my application without such a waiver.

Date _____ Signature _____

B. I authorize the release of a candid evaluation **but I choose not to waive my right** to examine this letter of recommendation should I accept a residency position at the University of Virginia Health System.

Date _____ Signature _____

SECTION II: For the recommender

Please send your letter of recommendation and the form above to:

Michelle W. McCarthy, Pharm.D.
Director, PGY1-Pharmacy Residency Program
University of Virginia Health System
PO Box 800674
Charlottesville, VA 22908-0674

In order to fairly evaluate the candidates, please include all of the following information in your letter:

- the amount of time that you have known the applicant
- the manner in which you have known the applicant (eg, faculty advisor, clerkship preceptor, employer)
- any special assets the candidate possesses
- any weaknesses which would hinder the applicant's ability to perform effectively in a residency program
- **information about clinical skills, ability to work with others, motivation, and initiative**