

University of Virginia Health System Cardiology Residency

Instructions for Personal Reference Form

Applicant's Name

First

Middle Initial

Last

Social Security Number

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 Pharmacy Practice 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:

Barbara Wiggins, Pharm.D., BCPS (AQ Cardiology)
Director, Cardiology Residency
University of Virginia Health System
P.O. Box 800674
Charlottesville, VA 22908-0674

In order to fairly evaluate the candidates, please include 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 (e.g., 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