Pharmacy residency program recommendation request

Applicants to the Cook Children's residency program are required to have three letters of recommendation submitted by individuals who can best evaluate the applicant's qualifications for residency training. Please make an appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. All comments and information will be kept confidential.

In your letter of recommendation, please include as many of the following points as possible:

- How long have you known the applicant and in what capacity?
- What are the applicant's strengths and weaknesses?
- Can they deal with challenging personalities and situations?
- Are they motivated to perform at a high level in stressful situations?

Please submit the letter by Jan. 16, 2012 to:

Ozioma Ogbuokiri, PharmD
Pharmacy Clinical Manager
Pharmacy Practice Residency Director
Cook Children's Medical Center
801 Seventh Avenue
Fort Worth, TX 76104
682-885-3895 phone
682-885-7990 fax
o-ogbuokiri@cookchildrens.org

For the residency program applicant:

Please sign here, if you would like to waive your right to review your letters of recommendation before giving to the person writing your letter of recommendation:

_____ _____/_____/_____
Applicant signature Date