



**LETTER OF RECOMMENDATION REQUEST**

**PGY 1 Pharmacy Residency Program at Fletcher Allen Health Care**

**Applicant – please give this form to each person providing a reference for you**

To be completed by applicant: *Please print or type*

**Name of Applicant**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

I waive the right to review this recommendation

\_\_\_\_\_  
Signature of Residency Applicant Date

**To the reference provider:**

Please complete and return this form by the **second Monday in January** to:

Fletcher Allen Health Care  
John Ahern, Pharm.D., BCPS  
PGY1 Pharmacy Residency Director  
Pharmacy Services  
111 Colchester Avenue  
Mailstop: 272BA1  
Burlington, VT 05401

(802) 847-2885  
[john.ahern@vtmednet.org](mailto:john.ahern@vtmednet.org)

Dear Reference Provider:

We require applicants to the PGY 1 Pharmacy Residency Program at Fletcher Allen Health Care to submit recommendations by persons able to evaluate qualifications for residency training. Please submit a letter of recommendation attached to this form which specifically addresses the following areas as well as other qualities/qualifications you feel are important to this candidate's application. If you feel you are not in a position to comment on certain areas or have no basis for judgment please indicate so. Please make a balanced appraisal of the applicant's character, personality, abilities and suitability for a residency program.

Your letter of recommendation is a key element in the decision to invite a prospective residency candidate for an on-site interview. Your prompt submission of the letter is appreciated.

Please address the following items in your letter of recommendation as well as any other information you feel is pertinent to this application.

1. How long you have known the applicant and in what capacity
2. How well you know the applicant
3. Academic ability, knowledge base and quality of work
4. Communication skills (verbal and written)
5. Motivation, initiative and assertiveness
6. Ability to work with others
7. Time management and organization skills
8. Emotional stability and maturity
9. Reliability, dependability and resourcefulness
10. Strengths and weaknesses of the applicant
11. Overall assessment of the applicant

Thank you.

John Ahern, Pharm.D., BCPS  
PGY1 Pharmacy Residency Program Director  
Fletcher Allen Health Care  
Pharmacy Services  
111 Colchester Avenue  
Mailstop: 272BA1  
Burlington, VT 05401

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\_\_\_\_\_  
Name  
  
\_\_\_\_\_  
( )  
Telephone #

\_\_\_\_\_  
Position  
  
\_\_\_\_\_  
E-mail addresses

Please rank the applicant's suitability as a resident.

- Recommend without reservation
- Recommend
- Recommend with reservation (specify) \_\_\_\_\_
- Cannot recommend