

**FLORIDA/USVI POISON INFORMATION CENTER-JACKSONVILLE  
AT SHANDS JACKSONVILLE**  
UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER  
RECOMMENDATION REQUEST FOR CLINICAL TOXICOLOGY/EMERGENCY MEDICINE  
RESIDENT/FELLOW APPLICANT

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TO BE COMPLETED BY THE APPLICANT (Please print clearly or type)

NAME OF APPLICANT:

First	MI	Last
<hr/>		
No.	Street	
<hr/>		
City	State	Zip Code
<hr/>		
(Area Code) Telephone #		

I waive the right to review this recommendation. \_\_\_\_\_  
Signature of Applicant

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TO THE RECOMMENDER

Please complete the form and return to:

Residency Coordinator  
Florida/USVI Poison Information Center-Jacksonville  
655 W. 8<sup>th</sup> Street, C23  
Jacksonville, FL 32209

For the recommender to complete:

1. I have known the applicant approximately \_\_\_\_\_ (months/years)
2. I have known the applicant in the following manner:  

_____ faculty advisor	_____ employer
_____ clerkship preceptor	_____ supervisor
_____ other faculty position	_____ other (please explain) _____
3. I have known him/her: \_\_\_\_\_ very well    \_\_\_\_\_ fairly well    \_\_\_\_\_ only casually
4. State any special assets which should be noted about the applicant.
  
5. State any weakness which you feel would hinder the applicant's ability to perform effectively in a residency/fellowship program.

6. Please make any additional comments.

7. Recommendation regarding admission: (Please select one)

I highly recommend this applicant       I recommend this applicant, but with some reservation  
 I recommend this applicant       I am not able to recommend this applicant.

8. Relative to persons of similar background, training, and professional interest, how would you rate this applicant for each of the following characteristics? Please place an "X" under the appropriate rating column which best describes the applicant.

Characteristics Evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Academic Ability					
Quality of Work					
Written Communication Skills					
Oral Communication Skills					
Leadership Skills					
Industriousness and Perseverance					
Initiative and Motivation					
Assertiveness					
Cooperation					
Ability to Organize and Manage Time					
Ability to Work with Peers					
Ability to Work with Patients					
Dependability					
Resourcefulness and Originality					
Willingness to Accept Constructive Criticism					
Personal Appearance and Professional Demeanor					
Commitment to Professional Practice					
Emotional Stability and Maturity					
Enthusiasm					
Integrity					

\_\_\_\_\_  
Signature of Recommender                      Date

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
Name – Typed or Printed

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

\_\_\_\_\_  
Title and Affiliation

\_\_\_\_\_  
(Area Code) Telephone #