



**Texas Southern University  
College of Pharmacy and Health Sciences  
Houston, Texas**

**Drug Information Residency  
Application Form**

**Instructions:**

- Please type or print clearly
- Complete all sections of the application form.

Name:

\_\_\_\_\_

First Middle Last

Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip Code

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>Names of all colleges and/or professional schools attended</b>	<b>Location</b>	<b>Dates Attended From To</b>	<b>If graduate give date</b>	<b>Degree and/or major field of study</b>
<b>Residency or Postgraduate Training</b>				

Special Recognition for Achievements, honors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Texas Southern University**  
**College of Pharmacy and Health Sciences**  
**Houston, Texas**

Memberships in professional organizations

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Briefly describe your work experiences in pharmacy

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Explain why you wish to enter a drug information residency program.

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<b>Licensure Status</b>		
<b>State</b>	<b>Registration Number</b>	<b>Date Granted</b>



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**References**

Please list the names, titles, and addresses of the individuals whom you have requested to send letter of references on your behalf.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

The following items are necessary to complete this application:

1. Letter of interest
2. A current curriculum vitae
3. Three letters of recommendation mailed directly from the author to Dr. Uche Anadu Ndefo. At least two letters of recommendation should be received from a faculty member or faculty preceptor in your College/School of Pharmacy.
4. Official Transcripts from your College/School of Pharmacy.

Send completed application materials by January 15, 2007 to:

Uche Anadu Ndefo, Pharm.D., BCPS  
Texas Southern University COPHS  
3100 Cleburne Street  
Houston, Texas 77004

Phone: (713) 313-7569  
Fax: (713) 313-  
E-mail: [anaduun@tsu.edu](mailto:anaduun@tsu.edu)



**Texas Southern University  
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**Professional Recommendation Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY:** (To be completed by the applicant)

I understand that this reference form will be used for the purpose of evaluating my candidacy for the Texas Southern University College of Pharmacy and Health Sciences Drug Information Residency and that I have the right of access to it, and I may waive my right if I choose to do so.

\_\_\_\_\_ I hereby waive my right of access to this letter of recommendation.

\_\_\_\_\_ I do not waive my right of access to this letter of recommendation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATION:** (To be completed by applicant's reference)

Please complete the attached form for the aforementioned applicant and return as soon as possible to:

Uche Anadu Ndefo, Pharm.D., BCPS  
Texas Southern University COPHS  
3100 Cleburne Street  
Houston, Texas 77004

Phone: (713) 313-7569  
Fax: (713) 313-  
E-mail: anaduun@tsu.edu



**Texas Southern University**  
**College of Pharmacy and Health Sciences**  
**Houston, Texas**

Name of Applicant: \_\_\_\_\_

Name of recommender: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

<b>Characteristics Evaluated</b>	<b>Upper 10%</b>	<b>Upper 25%</b>	<b>Upper 50%</b>	<b>Lower 50%</b>	<b>No Basis for Judgments</b>
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
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					



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**Houston, Texas**

I have known the applicant for approximately \_\_\_\_\_ (months/years)

My relationship to the application was (or is) in the following capacity:

- Faculty advisor     Employer     Clerkship Preceptor     Supervisor  
 Other (please specify) \_\_\_\_\_

I know him/her:  Very well     Fairly Well     Only causally

Does the applicant possess my special knowledge, skills, or assets that should be noted?

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Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in a residency program?

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Other comments:

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Overall recommendation (check one)

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

Signature of recommender: \_\_\_\_\_

Date: \_\_\_\_\_



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