

## Instructions

This candidate is seeking admission to a pharmacy residency training program and has requested your reference. Please provide us with information on the candidate's qualifications and capabilities and your impressions of their capacity to serve as a pharmacy resident. We are also interested in your assessment of the candidate's motivation and potential for working with diverse persons, groups, and communities.

Note from Applicant:

\*Indicates required field

## Characteristics Evaluation

The following section contains several characteristics essential to success in a pharmacy residency training program. Rate the level(s) this candidate exhibited these characteristics using the scale below.

	Not Observed ①	Consistently fails to meet expectations (1) ①	Room for improvement (2) ①	Meets expectations (3) ①	Occasionally exceeds expectations (4) ①	Consistently exceeds expectations (5) ①
* Writing	<input type="range"/>					
* Oral communication	<input type="range"/>					
* Leadership/Mentoring skills	<input type="range"/>					
* Assertiveness	<input type="range"/>					
* Organization and time management	<input type="range"/>					
* Ability to prioritize and meet deadlines	<input type="range"/>					
* Ability to work with peers	<input type="range"/>					

* Problem-solving	<input type="range"/>
* Effective patient interaction	<input type="range"/>
* Dependability	<input type="range"/>
* Independence and resourcefulness	<input type="range"/>
* Ability to accept constructive criticism	<input type="range"/>
* Emotional stability and maturity	<input type="range"/>
* Professionalism (attire and demeanor)	<input type="range"/>

## Reference Relationship and Narrative Comments

Answer the questions below about your relationship to the candidate, your experiences during your interactions, as well as additional comments on two strengths and two areas of improvement for this candidate.

\*What was (or is) the nature of your relationship to the candidate?  
*Scroll down for more dropdown options.*

Choose an answer from the dropdown:

- Faculty
- Preceptor
- Employer/Supervising Pharmacist
- Professional Organization
- Residency Program Director
- Other

If you selected Other, describe your relationship with the candidate.

\*Where did your interaction with the candidate occur?  
*Scroll down for more dropdown options.*

Choose an answer from the dropdown:

- Workplace
- Direct Patient Care Rotation
- Non-Direct Patient Care Rotation
- Classroom
- Other

If you selected Other, describe where you interacted with the candidate.

\*If you were the candidate's preceptor, how many learners do you precept a year (on average)?  
Scroll down for more dropdown options. Select 'N/A' if you were not the candidate's preceptor.

Choose an answer from the dropdown:

- 1-5
- 6-10
- 11-15
- 16-20
- 21-24
- 25+
- N/A

\*How much time did you typically work with the candidate per week (in hours)?

\*What was the relative time of your interactions with the candidate (per week, in hours)?

\*When in the candidate's training cycle did you precept the candidate? (e.g., First Rotation Block, End of Training Year)

Enter 'N/A' if you were not the candidate's preceptor.

\*If you were the candidate's employer or supervisor, in what setting did you manage the candidate? (e.g., Community Pharmacy, Hospital Pharmacy, Other)

Enter 'N/A' if you were not the candidate's preceptor.

\*Describe the circumstances when you interacted with the candidate. For example, was it during a holiday season, national health crisis, staff/faculty/preceptor shortage, or "business as usual"?

0/1000

\*How often did you directly observe the candidate's clinical activities?

Enter 'N/A' if you were did not work with the candidate in a clinical setting.

0/1000

\*How did the candidate's performance compare to other candidates?

0/1000

\*Enter two of this candidate's strengths and describe how you believe these strengths will be beneficial to the candidate's success in a residency program.

*Please reference characteristics you rated as "Consistently Exceeds Expectations" in the previous section.*

0/2000

\*Enter two areas of improvement for this candidate and describe how you believe a residency program will improve these areas.

*Please reference characteristics you rated as "Room for Improvement" in the previous section.*

0/2000

## Recommendation

Please provide an overall recommendation for the candidate.  
*Scroll down for more dropdown options.*

### \*Recommendation Concerning Admission

Choose an answer from the dropdown:

- I highly recommend this candidate
- I recommend this candidate
- I recommend this candidate with some reservations
- I am not able to recommend this candidate

## Letter of Recommendation


If you would like to include a Letter of Recommendation, you can upload one document.  
Upload your file here.

Upload the letter below

**Note:** the file in Microsoft Word (.doc or .docx), Portable Document Format (.pdf), Rich Text Format (.rtf), or Plain Text File (.txt). File size should be less than 15 MB. File name should be less than 95 characters.

Drop files here to attach

or

 [Click to browse](#)

Save & Exit

Preview & Submit