

## 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 that once you complete this form, you can reuse this evaluation for additional requests from the applicant.







## Note from Nicole\_PGY1:

*thanks*

\* 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       Consistently fails to meet expectations (1)       Room for improvement (2)       Meets expectations (3)       Occasionally exceeds expectations (4)       Consistently exceeds expectations (5) 

### \* Writing

 Comment or Example:

600/600

### \* Oral communication

 Comment or Example:

600/600

### \* Leadership/Mentoring skills

 Comment or Example:

600/600

\* Leadership/Mentoring skills



Comment or Example:

600/600

\* Assertiveness



Comment or Example:

600/600

\* Organization and time management



Comment or Example:

600/600

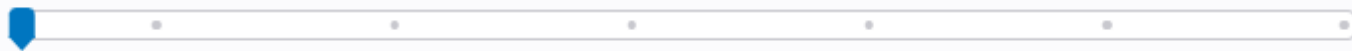
\* Ability to prioritize and meet deadlines



Comment or Example:

600/600

\* Ability to work in a team (e.g., rounding, teamwork)



Comment or Example:

600/600

\* Problem-solving



Comment or Example:

600/600

\* Effective patient interaction



Comment or Example:

600/600

\* Dependability



Comment or Example:

600/600

\* Independence and resourcefulness



Comment or Example:

600/600

\* Ability to accept constructive criticism



Comment or Example:

600/600

\* Emotional stability and maturity



Comment or Example:

600/600

\* Professionalism



Comment or Example:

600/600

\* Clinical Skills

Progress bar for Clinical Skills, showing approximately 10% completion.

Comment or Example:

600/600

\* Motivation

Progress bar for Motivation, showing approximately 10% completion.

Comment or Example:

600/600

\* Resourcefulness

Progress bar for Resourcefulness, showing approximately 10% completion.

Comment or Example:

600/600

## 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 option



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

Text input field for describing the relationship.

250/250

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

Choose an option



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

250/250

\* 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.

\* How many months did you interact with the candidate?

100/100

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

3/3

\* 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.

250/250

\* 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.

250/250

\* 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"?

2000/2000

\* 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.

2000/2000

\* How much independence was the candidate was given? Was it reduced or increased over the duration of your interactions with the candidate?

2000/2000

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

2000/2000

\* 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.*

2000/2000

\* 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.*

2000/2000

## Recommendation

Please provide an overall recommendation for the candidate.

*Scroll down for more dropdown options.*

\* Recommendation Concerning Admission



## Letter of Recommendation - Optional

An additional uploaded letter of recommendation is only required if indicated by the applicant in the personal message at the top of this page.

Upload your file here.

**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 & Close

Save

Preview & Submit