

Confidential Reference Letter

PHARMD FOR PHARMACISTS PROGRAM
UNIVERSITY OF TORONTO
PROFESSIONAL REFERENCE

APPLICANT NAME: _____

ASSESSOR INFORMATION

Assessor Name: _____

Work Address: _____

Company/ Institution Name: _____

Title/ Role: _____ Direct Telephone Number: _____

Email Address: _____

Please check <i>all that apply</i> to your relationship with the applicant:	
<input type="checkbox"/> University Leadership (Dean, Director)	<input type="checkbox"/> Pharmacy Leadership (Director, Clinical lead)
<input type="checkbox"/> Professor/ teacher (Pharmacy degree)	<input type="checkbox"/> Employer
<input type="checkbox"/> Professor/ teacher (Non-pharmacy degree)	<input type="checkbox"/> Direct supervisor
<input type="checkbox"/> Supervisor (Research degree)	<input type="checkbox"/> Pharmacist colleague
<input type="checkbox"/> Faculty Advisor	<input type="checkbox"/> Health Care Professional/ Physician colleague
<input type="checkbox"/> Preceptor	<input type="checkbox"/> Pharmacy Technician colleague
<input type="checkbox"/> International Pharmacy Graduate (IPG) program teacher	<input type="checkbox"/> Other co-worker/ colleague
<input type="checkbox"/> Mentor	<input type="checkbox"/> Other
<input type="checkbox"/> Residency Coordinator	
Please specify: _____	

Length of relationship with the applicant: I have known the applicant for _____ years.

Based on your knowledge of the applicant, please rate them on the following areas, in relation to other pharmacists. Please indicate using an X in the applicable box.

Table 1 – Evaluation of Applicant						
	Outstanding	Excellent	Good	Average	Below Average	Unable to rate
DOMAINS	Top 2%	Top 10%	Top 25%	Middle 50%	Bottom 25%	
Academic potential						
Problem-solving skills						
Interpersonal skills (Ability to work with others & in group/team)						
Empathy for patients/ others						
Self-directed/ independent work						
Verbal communication						
Written communication						
Professionalism (reliability, punctuality)						
Responsibility to work/ role						
Accepts feedback						

OVERALL EVALUATION

Based on your primary relationship with the applicant, where would you rank this applicant in relation to other pharmacists? Please indicate with an X.

Outstanding Top 2%	Excellent Top 10%	Good Top 25%	Average Middle 50%	Below Average Bottom 25%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the domains listed in Table 1 above, please select two which you rated the applicant highly, and give a specific example of the applicant demonstrating that domain and why you consider it important to the applicant's success in the PharmD for Pharmacists.

1. The applicant demonstrated _____ in the following situation: (DOMAIN)

2. The applicant demonstrated _____ in the following situation: (DOMAIN)

Recommendation concerning admission to the PharmD for Pharmacists program (select one):

- I recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

If you are recommending with reservations or not able to recommend, please add one or two comments supporting this decision.

DECLARATION: I hereby declare that all statements on the application are true, correct and complete to the best of my knowledge. I acknowledge that the reference form as submitted becomes property of the University of Toronto.

Signature: _____ Date: _____

SUBMISSION OF CONFIDENTIAL REFERENCE

1. If you have an institution (university/ hospital) or corporate email address, you may submit a scanned copy with original signature directly via email (pfp.adm@utoronto.ca).
2. For all other referees, you may submit by:
 - a. Fax (416-978-6528)

OR

 - b. Post/ Courier
PharmD for Pharmacists Program
Admissions Office
Leslie Dan Faculty of Pharmacy
University of Toronto
8th floor - 144 College Street
Toronto, ON
M5S 3M2