



Faculty of Pharmacy & Pharmaceutical Sciences

PharmD for Practicing Pharmacists Program

CONFIDENTIAL REFERENCE LETTER FORM - FULL-TIME PATHWAY

2016-17 ACADEMIC YEAR - Beginning September 2016

Instructions: Referee to fill out the following fields (do not alter the field size or the font style). Referee to return completed form by **15 February 2016** to the address below. *You will not be able to save this form. Please print the completed form for your records.*

Attention: PharmD for Practicing Pharmacists Admissions
 Faculty of Pharmacy and Pharmaceutical Sciences
 2-55, Medical Sciences Building
 University of Alberta
 Edmonton, AB T6G 2H1

Applicant Instructions:

Three letters of reference are required as part of your application. It is important to select referees who can assess your clinical, academic, professional, leadership and/or personal abilities and achievements. At least one letter must be from a practicing pharmacist. The other two letters may come from professionals in the field of Pharmacy (e.g. professors, supervisors, preceptors, employers), references in the health care field or a personal reference (a maximum of one personal reference is permitted). ***Only information included on this form will be considered. Letters submitted instead of or in addition to this form will not be accepted.***

Please forward this form electronically to three individuals who will complete the form. Each referee should then submit the form directly to the PharmD program. These references are confidential and are part of the student academic record. Applicants will not have access to them.

Applicant Information (must be completed by referee):

Applicant: please provide the referee with the contact information below to enable them to complete this section on your behalf.

Date:
 (MM/DD/YY)

Legal Last Name: Legal Middle Name(s):
 Legal First Name:

Address:
 (Street, City, Province, Country, Postal Code)

Telephone (with area code):

E-mail Address:

Referee Instructions:

We are particularly interested in the applicant's clinical, academic, professional, leadership and/or personal abilities and achievements. We would appreciate your assessment of the applicant and the basis of your statements, if possible. If you are unable to comment on certain attributes, please indicate accordingly. ***Only information included on this form will be considered. Letters submitted instead of or in addition to this form will not be accepted.***

Please complete the form electronically, then print and sign your name. You will not be able to save this form, therefore, print a copy for your records. Mail the completed form directly to the program address in a sealed envelope bearing your signature across the seal. The form must be received by 15 February 2016.

Referee Information (to be completed by referee):Date:

(MM/DD/YY)

Name of Referee: Position/Title/Institution: Address:

(Street, City, Province, Country, Postal Code)

Telephone: E-mail:

How long have you known the applicant?

< 1 month 1-3 mos 3-6 mos 6-12 mos 1-2 years > 2 years

Referee Questions (to be completed by referee in the space provided):

1. In what capacity do you know the applicant? Where applicable, comment on how much time you have spent with the applicant in a practice or academic setting.
(maximum 450 characters – not including spaces)

2. Describe the qualities of the applicant that make him/her an exceptional health care professional? When possible, please cite specific examples from your experience of working with this individual. (maximum 3000 characters – not including spaces)

3. Describe some of the challenges that this student might still face in becoming an effective health care professional? (maximum 3000 characters – not including spaces)

4. Provide any additional statements concerning the applicant's integrity, achievement and overall abilities or any other relevant comments you wish to share about this applicant. (maximum 2000 characters – not including spaces)

5. How would you rate this individual on the following:

	Needs Improvement	Satisfactory	Exceptional
Critical Thinking Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivated and Shows Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility and Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Rating of Candidate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name:

(Please Print)

Signed: _____

(Original Handwritten Signature In Ink)