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 all that apply to your relationship with the applicant:

- □ University Leadership (Dean, Director)
- □ Professor/ teacher (Pharmacy degree)
- □ Professor/ teacher (Non-pharmacy degree)
- □ Supervisor (Research degree)
- □ Faculty Advisor
- □ Preceptor
- □ International Pharmacy Graduate (IPG) program teacher
- □ Mentor
- □ Residency Coordinator

- □ Pharmacy Leadership (Director, Clinical lead)
- □ Employer
- □ Direct supervisor
- □ Pharmacist colleague
- □ Health Care Professional/ Physician colleague
- □ Pharmacy Technician colleague
- □ Other co-worker/ colleague
- □ Other

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>
<thead>
<tr>
<th>DOMAINS</th>
<th>Outstanding Top 2%</th>
<th>Excellent Top 10%</th>
<th>Good Top 25%</th>
<th>Average Middle 50%</th>
<th>Below Average Bottom 25%</th>
<th>Unable to rate</th>
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<tbody>
<tr>
<td>Academic potential</td>
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<td>Problem-solving skills</td>
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<td>Interpersonal skills (Ability to work with others &amp; in group/team)</td>
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<td>Empathy for patients/ others</td>
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<td>Self-directed/ independent work</td>
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<td>Verbal communication</td>
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<td>Written communication</td>
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<td>Professionalism (reliability, punctuality)</td>
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<td>Responsibility to work/ role</td>
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<td>Accepts feedback</td>
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**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.

<table>
<thead>
<tr>
<th>Outstanding Top 2%</th>
<th>Excellent Top 10%</th>
<th>Good Top 25%</th>
<th>Average Middle 50%</th>
<th>Below Average Bottom 25%</th>
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</table>
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