

# 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: \_\_\_\_\_

<b>Please check <i>all that apply</i> to your relationship with the applicant:</b>	
<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.

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

**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.

<b>Outstanding Top 2%</b>	<b>Excellent Top 10%</b>	<b>Good Top 25%</b>	<b>Average Middle 50%</b>	<b>Below Average Bottom 25%</b>
<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](mailto:pfp.adm@utoronto.ca)).
2. For all other referees, you may submit by:
  - a. Fax (416-978-6528)

**OR**

  - b. Post/ Courier  
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