

Saskatchewan Pharmacy Residency Programs REFERENCE FORM

Residency Applicant Name: _____

Residency Program: Saskatoon Regina

Reference Name: _____

Title/Position: _____

Address: _____

Daytime Telephone: _____ Email: _____

1. Indicate the duration and in what capacity you have known the applicant.

2. Please rate the applicant on the below characteristics using a 5 point scale, where 1 is low and 5 is exceptional. The inclusion of written, concrete examples relating to each would also assist in informing the residency committee. *(Comments are limited to the space provided.)*

CHARACTERISTIC	Rating, Comments & Examples				
Initiative and motivation	___ 1	___ 2	___ 3	___ 4	___ 5
Emotional maturity, stability, self-control	___ 1	___ 2	___ 3	___ 4	___ 5
Adaptability /flexibility	___ 1	___ 2	___ 3	___ 4	___ 5

Attitude to learning	___ 1	___ 2	___ 3	___ 4	___ 5
Self-directed learning abilities, independence	___ 1	___ 2	___ 3	___ 4	___ 5
Academic knowledge base and intellectual ability	___ 1	___ 2	___ 3	___ 4	___ 5
Quality of work	___ 1	___ 2	___ 3	___ 4	___ 5
Judgement	___ 1	___ 2	___ 3	___ 4	___ 5
Ability to work with others	___ 1	___ 2	___ 3	___ 4	___ 5
Written communication skills	___ 1	___ 2	___ 3	___ 4	___ 5
Verbal communication skills	___ 1	___ 2	___ 3	___ 4	___ 5

3. How would you rate this applicant's potential as a residency candidate?
(Select one)

Outstanding Excellent Good Fair Poor

4. Please comment if you are aware of any attributes that would hinder the applicant's success in the residency program. *(Comments are limited to the space provided.)*

Signature (Referee)

Date

***IMPORTANT:**

Please direct this form to the appropriate mailing address below. *Alternatively*, a scanned copy of the original signed document may be *emailed* to the intended program coordinator. IF YOU ARE EMAILING YOUR APPLICATION, please be aware that the Regina Qu'Appelle Health Region is experiencing technical difficulties sending emails to HOTMAIL accounts. If you do not have access to another type of email provider, please provide alternate contact information such as a fax or telephone phone number.

Reference letters must be received by **OCTOBER 28TH** of this calendar year.

REGINA Residency Program

Please send form to:

Jennifer Bolt Bsc.Pharm, ACPR, PharmD
Residency and Education Coordinator

Regina Qu'Appelle Health Region

Dept. of Pharmaceutical Services,

Regina General Hospital

1440 14th Avenue

Regina, SK. S4P 0W5

Email: jennifer.bolt@rqhealth.ca

SASKATOON Residency Program

Please send form to:

Barb Evans, BSP, ACPR. MSc, FCSHP
Manager, Clinical Pharmacy Services

Saskatoon Health Region

103 Hospital Drive

Saskatoon, Saskatchewan

S7N 0W8

Email:

barb.evans@saskatoonhealthregion.ca