

Saskatchewan Residency Program 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.

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. Are you aware of any attributes that would hinder the applicant's success in the residency program?

Signature of Reference

Date

***NOTE:** Reference to be received by **NOVEMBER 1ST** of this calendar year. Please direct reference letter to the appropriate coordinator:

REGINA Residency Program

Please send form to:

Allison Marcil BSP, ACPR
Residency Coordinator
Regina Qu'Appelle Health Region
Dept. of Pharmaceutical Services,
Regina General Hospital
1440 14th Avenue
Regina, SK. S4P 0W5
Email: allison.marcil@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