

PGY-1 Managed Care Pharmacy Residency
REFERENCE FORM

Please email completed Reference Form and Letter of Recommendation to MCResidency@Kelsey-Seybold.com

REFERENCE INFORMATION

Name

Professional Title

Occupation

Email

Phone Number

CANDIDATE INFORMATION

Candidate Name

Nature of Relationship

When did you precept or Supervise the candidate?

What setting did you precept or supervise the Candidate?

Duration & Frequency of Interaction

CANDIDATE RATING

Skills	Not Observed	Failes to Meet Expectations	Room for improvement	Meets Expectations	Occasionally Exceeds Expectations	Consistently Exceeds Expectations
Ability to organize & manage time						
Comments						
Ability to work with peers						
Comments						
Ability to work independently						
Comments						
Inter-professional communication						
Comments						
Clinical problem-solving						
Comments						
Ability to accept constructive feedback						
Comments						

How did the candidate's performance compare to other candidates?

Provide 2 strengths the candidate possesses that will be beneficial to their success in a residency program.

Provide 2 areas of improvement for the candidate.

RECOMMENDATION

Letter of Recommendation submitted separately from this form
Letter of Recommendation included in space below