

COMMUNITY MEDICAL CENTER/ UNIV. OF MONTANA  
RESIDENCY IN PHARMACY PRACTICE

Reference Evaluation Form

Applicant Name: \_\_\_\_\_

**TO THE APPLICANT:** By law you may review your records, including letters of reference, unless you waive that right. Please check the appropriate box below:

\_\_\_\_\_ I waive my right to examine this recommendation and request a candid evaluation of my qualifications for the residency.

\_\_\_\_\_ I **do not** waive my right to examine this recommendation, but request a candid evaluation of my qualifications for the residency

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE EVALUATOR:** The Community Medical Center or St. Patrick Hospital and The University of Montana Dept. of Pharmacy Practice appreciate your willingness to evaluate the named residency applicant. Your evaluation may be read by the applicant unless he/she specifically waived access to this document in the above section. **Alternatively, you may write a letter of reference in place of this form.**

**Please return this evaluation to the applicant in a sealed envelope with you signature across the seal.  
Or, you may forward it to: Michael Rivey, M.S., BCPS  
Univ. of Montana School of Pharmacy  
32 Campus Dr. #1522  
Missoula, MT 59812-1522**

**Deadline for application: January 15**

In the rating scales below, please indicate your evaluation of the applicant, when compared with a representative group of individuals with a similar background and professional experience.

Attribute	Below Average (Lower 50%)	Average (Upper 50%)	Good (Top 25%)	Exceptional (Top 10%)	NA/ no basis to judge
Flexibility					
Communication skills					
Ability to practice independently					
Quality of teamwork					
Motivation					
Maturity					
Ability to accept responsibility					

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**Evaluator:** Please provide comments to the following questions. If you prefer, you may attach as separate letter.

1. Overall, how would you assess this applicant in relation to his/her peers and other residency applicants?

2. What are the applicant's best qualities and strongest attributes?

3. How would you characterize this applicant's interpersonal communication skills?

4. Do you have areas of concern or reservation about your recommendation of this applicant?

5. Please add any additional comments you believe are pertinent: