# Community Pharmacy Student Scholar Leaders Recommendation Form*

*Adapted from the PhORCAS Recommendation Form

**Name of Applicant:**

**Name of Recommender:**

**My primary relationship to the candidate was (or is) in the following capacity:**
Faculty
Preceptor
Employer
Professional Organization
If other or more than one, please specify**:**

**I have known the candidate for            months.**

**The relative hours per week of our interaction during that time is/was            hours.**

**Academic Standing Attestation (For Faculty Recommenders Only)**

I attest that the student I am recommending does not have any academic/professional warnings/sanctions/probation at the time of completing this recommendation form.
N/A (non-faculty recommenders)

**Please rate the applicant for each of the following characteristics.**

Exceeds = the candidate exceeds what is expected of a PharmD student

Appropriate = the candidate performs appropriate for what is expected of a PharmD student

Fails to Meet = the candidate fails to meet what is expected of a PharmD student

N/A = not applicable or not observed

1. Leadership Skills
   Exceeds              Appropriate              Fails to Meet              N/A

2. Entrepreneurial/Innovative
   Exceeds              Appropriate              Fails to Meet              N/A

3.  Assertiveness
    Exceeds            Appropriate            Fails to Meet            N/A

4.  Ability to Organize and Manage Time
    Exceeds            Appropriate            Fails to Meet            N/A

5.  Ability to Work with Peers and Communicate Effectively
    Exceeds            Appropriate            Fails to Meet            N/A

6.  Dependability
    Exceeds            Appropriate            Fails to Meet            N/A

7.  Independence and Resourcefulness
    Exceeds            Appropriate            Fails to Meet            N/A

8.  Willingness to Accept Constructive Criticism
    Exceeds            Appropriate            Fails to Meet            N/A


**List what you believe to be the top two strengths of this candidate (short answer, <50 words)**




**List what you believe to be the two most notable areas for improvement for this candidate (short answer, <50 words)**




**Recommendation concerning acceptance into the Community Pharmacy Student Scholar Leaders Program**

I highly recommend this candidate

I recommend this candidate

I recommend this candidate, but with some reservation/s

I do not recommend this candidate


This program is funded by   Community Pharmacy Foundation