

 **NorthShore**
University HealthSystem
Summer Internship Reference Form

Applicant: Date:

Name of Reference:

I have known the applicant for approximately ____ (months) (years).

My relationship to the applicant was (or is) in the following capacity:

<input type="checkbox"/>	Faculty Advisor	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Clerkship preceptor	<input type="checkbox"/>	Supervisor
<input type="checkbox"/>	Other faculty relationship	<input type="checkbox"/>	Other (please specify)

I know him/her

<input type="checkbox"/>	Very well
<input type="checkbox"/>	Fairly well
<input type="checkbox"/>	Only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively?

Other Comments:

Please rate the applicant on a scale of 1 to 5 (5=excellent, 1=poor) on the following characteristics:

Characteristic	Score	Comments
Attendance		
Academic ability		
Quality of work		
Written communication skills		
Oral communication skills		
Leadership skills		
Industriousness and perseverance		
Initiative and motivation		
Assertiveness		
Ability to organize and manage time		
Ability to work with supervisors		
Ability to work with peers		
Ability to work with patients		
Dependability		
Resourcefulness and originality		
Willingness to accept constructive criticism		
Personal appearance and professional demeanor		
Commitment to professional practice		
Emotional stability and maturity		
Enthusiasm		
Integrity		

Candidate will send a complete packet to

Peter Mui Pharm.D.

Department of Pharmacy, Highland Park Hospital, 777 Park Avenue West, Highland Park, IL 60035

FAX: (847) 480-2635 Phone: (847) 480-2721 e-mail: (pmui@northshore.org)