



Pronouns

Given name *

John

Last name *

Doe

Preferred name, if different from current

High School City/Hometown

Phone Number *

Alternative Phone Number

Country *



Province / State *



City *

Gender



If other, describe

Are you a member of an equity-deserving group? (check all that ...



If other, describe

*** Please note that these questions are optional, and a response for each is welcome, but not required. CSHP is gathering this data to help identify trends and address any barriers to participation in PRAMS and pharmacy residency in Canada. Your personal responses will not be provided to programs and will only be available to PRAMS administrators. Only aggregate data will be made available to CSHP and CPRB.**

In the event that programs have unfilled positions following the Match, CSHP may share the information of unmatched applicants that applied to these programs to facilitate filling open positions. Please indicate below whether you consent to us sharing your information with **programs to which you applied but did not Match**.

- ☐ Yes – I consent to sharing my information with programs with unfilled positions if I have not received a Match
- ☐ No – I do not consent to sharing my information with programs with unfilled positions if I have not received a Match

In the event that programs have unfilled positions following the Match, CSHP may share the information of unmatched applicants to facilitate filling open positions. Please indicate below whether you consent to us sharing your information with **programs across the country to which you may not have applied who have unfilled positions**.

- ☐ Yes – I consent to sharing my information with programs with unfilled positions if I have not received a Match
- ☐ No – I do not consent to sharing my information with programs with unfilled positions if I have not received a Match

Are you legally entitled to work in Canada (i.e. a Canadian citizen, landed immigrant, or holder of a valid Canadian work permit)

To determine your eligibility to participate in residency training, please review our eligibility criteria here and our [FAQ](#). If you are an international applicant, please view our [IPG FAQ](#), where you will find information regarding what is required to practice pharmacy in Canada

☐ Yes ☐ No

Do you expect to be licensed at the time the residency program would begin?

☐ Yes ☐ No



For your application to be considered complete, you must include your pharmacy degree transcript.

Transcripts must include the following data: name, student number, numerical mark and/or letter grade for each course taken. Unofficial (i.e. unsealed) transcripts in PDF format are acceptable.

Upload Pharmacy Transcript PDF

Filename	Size
<div>Choose File No file chosen</div>	

Pharmacy Degree

Pharmacy Degree

If other, describe

Date of completion

Other Pharmacy Education

List up to five directed studies, graded projects, elective courses, or other relevant educational experiences (e.g., professional development courses, webinars, etc.) that you'd like to highlight, beginning with the most recent.

Title of Program/Course

Brief description

Max 500 characters0/500

Date of completion

Experiential / Practicum Placements

List up to 10 experiential/practicum placements you have completed and/or will have completed by the end of your pharmacy program. Include practicum/rotation course name and course number. In the Brief Description, include the name of the facility where the rotation took place and a brief description of the site (e.g., hospital, community, family practice, long-term care, etc.). For hospital rotations include the specific clinical unit/area. For example, "Canada Hospital, ambulatory clinics, adult internal medicine."

Name of Practicum/Rotation	Course number
Facility name	Site Type
	If hospital placement, please specify clinical unit/area (e.g., ambulatory clinic, adult internal medicine, etc.)

Length of rotation

e.g. # of weeks

Status▼

Expected date of completion

Brief Description (Facility name, site description, specific clinical unit)

Main skill developed or improved upon during this placement

Post-Secondary Education

Institution name

Degree

☐ Degree complete

☒ Degree incomplete

Expected date of completion

^ Work Experience (including paid co-op experiences)



Please list your work experience over the past 3-5 years, beginning with the most recent.

Please exclude pharmacy program-related experiential/practicum rotations. Please do not repeat experiences listed in other sections (e.g., employment, education, volunteer/community service).

Position	Organization	Average # of hours per wee...
		ex: "4 / week"
Country *	Province / State *	
City *		
Start Month	Start Year	
June	2025	
<input checked="" type="checkbox"/> To present		
Brief description of role and responsibilities		
Max 500 characters0/500		



Please list up to 5 community service or volunteer experiences that you have completed independently of your pharmacy training, beginning with the most recent. Please do not repeat experiences listed in other sections (e.g., employment, education, volunteer/community service).

Position/Role	Organization	Average # of hours per wee...
		ex: "4 / week"
Country *	Province / State *	
City *		
Start Month	Start Year	
June	2025	
<input checked="" type="checkbox"/> To present		
Brief description of role and responsibilities		
Max 500 characters0/500		



Please note – each experience should be entered on your application only once. Please do not repeat experiences listed in other sections (e.g., employment, education, volunteer/community service).

Position/Role	Organization	Average # of hours per wee...
		ex: "4 / week"
Country *	▼ Province / State *	▼
City *		
Start Month	Start Year	
June ▼	2025 ▼	
<input checked="" type="checkbox"/> To present		
Brief description of leadership skills developed/utilized in this role		
Max 500 characters 0/500		

Please list up to 5 extracurricular activities you have participated in or are currently participating in, beginning with the most recent. These can include, but are not limited to: sports, performance in the arts, personal hobbies, participation in clubs or community groups, etc. Please do not repeat experiences listed in other sections (e.g., employment, education, volunteer/community service).

Activity	Organization, if applicable	Average # of hours per wee...
Start Month	Start Year	ex: "4 / week"
June	2025	
<input checked="" type="checkbox"/> To present		
Brief description of activity		



Publications and Major Presentations

Provide the names and dates and any brief details of publications and major presentations (excluding those required by the pharmacy program).

Publications

Max 1000 characters

0/1000

Professional Organizations/Affiliations/Memberships

List memberships with professional organizations including dates of involvement, starting with the most recent.

Description

Start Month

June

Start Year

2025

☒ To present

Awards

Please list any awards you have received during or since completing your pharmacy education. Please do not include secondary school awards.

Name

Description

Max 500 characters

0/500

Awarded Month

June

Awarded Year

2025

Please provide an essay describing the following (max. 750 words / 4000 characters):

- Your reason for applying for a residency program
- Describe your attributes and life experiences that will make you a successful resident
- How does a residency program align with your career goals?

Essay

Max 4000 characters

0/4000