⌃ Personal Info ⓘ

Pronoun ▾   If other, describe 🗓

First name *
John   Last name *
                                                    Doe

Former last name, if different from current

Phone Number   Alternative Phone Number

Street Address

Apartment/Unit #

Country ▾   Province / State ▾

City   Postal code / Zip code

Are you a member of an equity-deserving group? (check all that a… ▾   If other, describe

* Please note that this question is optional, and a response 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 response 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 with these programs to facilitate filling open positions. Please indicate below whether you consent to us sharing your information with these programs in the event that you do not receive a 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

Status

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

◯ Yes ◯ No

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

◯ Yes ◯ No

Upload Transcript PDFs

Filename	Size

Choose File No file chosen

Secondary and Post-Secondary Education

For your application to be considered complete, you must include the following information:

- A record of your pharmacy degree, including name(s) of school, years attended, AND transcript (you may list education that is still in progress)

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

Upload all your transcripts in PDF format. Then in each education entry below, select the appropriate file from your attachments (if applicable). You can only include one file per education entry. If you have more than one transcript for a single course or certification, please combine them into one PDF before uploading.

You may also include the following information, but it is not required:

- A record of your high school education, including name of school and years attended (transcript not necessary)
- A record of your undergraduate education, including name(s) of school, name of program, and years attended (transcript not necessary)

Please list your most recent educational experience first.

Education level ▼ If other, please specify

School name

Street Address

Apartment/Unit #

Country ▼ Province / State ▼

City Postal code / Zip code

Start Month
June ▼

Start Year
2022 ▼

End Month
June ▼

End Year
2022 ▼

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 characters 0/500

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.)

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

Start Month
June ▼

Start Year
2022 ▼

☑ To present

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.

Position

Organization

Street Address

Apartment/Unit #

Country

Province / State

City

Postal code / Zip code

Start Month
June

Start Year
2022

☑ To present

Brief description of role and responsibilities

Max 500 characters   0/500

Community Service / Volunteer Experience

Please list up to 5 community service or volunteer experiences that you have completed independently of your pharmacy training, beginning with the most recent.

Position/Role

Organization

Street Address

Apartment/Unit #

Country

Province / State

City

Postal code / Zip code

Start Month
June

Start Year
2022

☑ To present

Brief description of role and responsibilities

Max 500 characters   0/500

Leadership Experience

Please list up to 5 pharmacy-related and non-pharmacy-related leadership activities you have taken part in, beginning with the most recent. Please note – these experiences can be from employment, educational, or volunteer roles mentioned in previous sections.

Position/Role

Organization

Street Address

Apartment/Unit #

Country

Province / State

City

Postal code / Zip code

Start Month
June

Start Year
2022

☑ To present

Brief description of leadership skills developed/utilized in this role

Max 500 characters   0/500

Extracurricular Activities

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.

Activity

Organization, if applicable

Start Month
June

Start Year
2022

☑ 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
2022 ▼

☑ To present

Awards and Scholarships (please include any dollar amounts)

Name
_____

Description
_____
Max 500 characters   0/500

Awarded Month
June ▼

Awarded Year
2022 ▼

∧ Essay

Please provide an essay describing the following (max. 600 words / 4000 characters):

- Your reason for applying for a residency program and how it aligns with your career goals
- Your expectations of a residency program
- How your life experiences to date have prepared you for a residency program
- Tell us something about yourself that we have not asked of you in this application.

Essay
_____

Max 4000 characters   0/4000