

Pronoun If other, describe

First name \* Last name \*  
John Doe

Preferred name, if different from current

Phone Number Alternative Phone Number

Country Province / State

City

Are you a member of an equity-deserving group? (check all that apply)\* 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

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

## Upload Pharmacy Transcript PDF

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

Country

Province / State

City

Start Month

July

Start Year

2023

End Month

July

End Year

2023

## 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

# 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

Status

e.g. # of weeks

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

Main skill developed or improved upon during this placement

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	
July	2023	
<input checked="" type="checkbox"/> To present		
Brief description of role and responsibilities		
Max 500 characters <span style="float: right;">0/500</span>		

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	
July	2023	
<input checked="" type="checkbox"/> To present		
Brief description of role and responsibilities		
Max 500 characters <span style="float: right;">0/500</span>		

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	
July	2023	
<input checked="" type="checkbox"/> To present		
Brief description of leadership skills developed/utilized in this role		
Max 500 characters <span style="float: right;">0/500</span>		

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...
		ex: "4 / week"
Start Month July	Start Year 2023	
<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

July

Start Year

2023

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

July

Awarded Year

2023

Please provide an essay describing the following (max. 750 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