Student Professionalism Commendation

Please complete this note if you wish to recognize exemplary professional behaviors/attitudes of a pharmacy student. This commendation is to be submitted to the Regional Dean or Associate Dean of Professional Affairs for further recognition.

Student Name __________________________________________________________
Campus: ______________________________________________________________
Date: __________________________________________________________________

Person originating the commendation:
_________________________ ____________________________________________
(print name) (signature)

Title/role of person initiating commendation __________________________________

Please indicate the area in which you wish to recognize exemplary behaviors and/or attitudes of a student. Provide comments in the space provided on the back.

Integrity and Personal Responsibility: The student
☐ fulfills responsibilities reliably
☐ represents actions and/or information reliably
☐ accepts responsibility for actions
☐ respects patient confidentiality
☐ uses his/her professional position to the advantage of the patient
☐ other __________________________________________________________

Motivation for Pursuit of Excellence: The student
☐ demonstrates personal commitment to honoring the needs of patients
☐ accepts criticism
☐ is aware of his/her limits
☐ considers making changes based on feedback
☐ demonstrates an appropriate level of effort
☐ other __________________________________________________________

Personal Interactions - Compassion and Respect: The student
☐ establishes rapport or empathy with patients or families
☐ functions and interacts appropriately within groups
☐ is sensitive to the needs, feelings, or wishes of others
☐ uses respectful language about others
☐ communicates effectively during times of stress
☐ maintains a professional appearance / attire
☐ other __________________________________________________________

Please describe the incident/reason for commendation. (a separate sheet may be attached):

Adapted from UTMB SOM and UIC SOM.
Instructions for submission:

1. Meet with the student to review/discuss recognize positive professional behaviors/attitudes
2. Sign below; if you meet with the student, ask the student to complete the student section below.
3. Forward this Commendation to the respective Regional Dean

I have reviewed the contents of this Commendation Note with the student

Signature ___________________________ Date ___________________

For completion by the student:

I have read this evaluation and discussed it with the originator. My signature on this form is intended to verify that I have reviewed the form with the individual submitting it.

Student Signature ___________________________ Date ___________________

Student Comments (optional) __________________________________________
____________________________________________________________________
____________________________________________________________________

Adapted from UTMB SOM and UIC SOM.