

# Student Professionalism Commendation

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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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_