Name of applicant for CCPM “Membership”: Click here to enter text.

Number of years you have known the applicant: Click here to enter text.

Name and organization of Referee: Click here to enter text.

Physician Registration Number: Click here to enter text.

Size of comparison group: Click here to enter text.

Please provide your assessment of the applicant in the following areas:

1. Professional attitudes and communication skills:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory | Adequate | Good | Very Good | Outstanding |
| Interpersonal Skills |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Sense of responsibility |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Oral and written skills |  |  |  |  |  |

2. Clinical experience with the candidate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unable to assess | Demonstrates lack of knowledge and/or experience | Demonstrates some knowledge and/or experience | Demonstrates good knowledge and/or experience |
| Interaction with candidate |  |  |  |  |
| Discussion pertaining to patient-related issues (e.g. patient positioning, dose distribution, image quality, etc.) |  |  |  |  |
| Discussion pertaining to (or participation in) a clinical research project |  |  |  |  |
| Knowledge of equipment selection and evaluation |  |  |  |  |

3. Evaluation of the candidate

In the space provided or on a separate sheet, please comment on the following items with respect to the applicant:

* + Your confidence in the clinical physics-related advice received from the candidate
  + General comments on the strengths and weaknesses of the applicant as a clinical medical physicist.

Click here to enter text.

I recommend the applicant for Membership in the CCPM (check one)

Yes  No  Unable to Assess

Date: Click here to enter a date. Referee’s signature:

Send this form to:

CCPM Registrar  
300 March Road, Suite 202

Kanata, ON K2K 2E2 Canada  
Fax: 613-595-1155  
Email: gisele.kite@ccpm.ca