

CANADIAN
COLLEGE OF
PHYSICISTS IN
MEDICINE



LE COLLÈGE
CANADIEN
DES PHYSICIENS
EN MÉDECINE

CCPM Registrar
300 March Road, Suite 202
Ottawa, ON K2K 2E2
Canada
Email: info@ccpm.ca

Dear Referee:

Thank you for agreeing to act as a reference for an applicant for Membership in the Canadian College of Physicists in Medicine (CCPM). Your input is very important and will be kept confidential. Membership in the CCPM is a certification of *competence* in medical physics practise. As you may know, the candidate will be required to take a lengthy written & oral exam. While the exam result can demonstrate the candidate's knowledge, *competence* requires more than *knowledge*. This is why the credentials committee must rely to a great extent on the evaluations contained on these forms. It is thus vital to do more than just "fill in the boxes". The committee functions like an academic promotion committee at a university, and requires an insightful evaluation of the candidate as a medical physics professional while performing his/her duties.

The applicant will be sending the original of his/her application to the CCPM and will provide you with a copy and a curriculum vitae. The applicant will also supply a copy of the College By-Laws so that you may reference these in providing your opinion of the candidate.

Please follow the instructions on the Membership Applicant Assessment Form. You may substitute a letter on your organization's letterhead instead of completing the "general assessment" section. If the applicant provides you with a PDF version of the form, you may fill in the text and boxes using the *Adobe Acrobat* software available on most personal computers. (You can also obtain the forms from the CCPM web site: www.ccpm.ca, under the CCPM Certification section) If you use this method, you may submit the completed form as an e-mail attachment (to the address above), and this will facilitate its distribution to the credentials committee which evaluates the dossiers of applicants. However, please mail a **signed copy** as well to prove that you actually filled out the form. You are welcome to telephone me (613-544-2631 x 6832) if you have any questions or wish to discuss your assessment.

On behalf of the CCPM, I thank you in advance for providing this service to ensure that applicants to the CCPM meet all the requirements of competent medical physicists capable of providing valuable service to their clinics and/or educational institutions. Send your copy of the application and CV plus the signed assessment form to the above address. Thank you once again.

Yours sincerely,

Geetha Menon, PhD, FCCPM
Registrar, Canadian College of Physicists in Medicine