



Fellowship Distinction – Project Reference Assessment Form

To be completed by Fellowship applicant:

Name of applicant for CCPM “Fellowship”:

Title of project(s):

Name and position of Referee:

Organization of Referee:

To be completed by the reference:

Number of years and capacity in which you have known the applicant:

	N/A	Exemplary	Strong	Average	Poor
Vision: Candidate was instrumental in motivating team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Communication: Candidate clearly articulated project, goals, desired outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-through: Communication of results in program and beyond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project resulted in improvements to procedures and/or outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate demonstrated the ability to direct technical staff at project or program level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate demonstrated sound judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methodology was correct and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate involved appropriate personnel in project and formed productive collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate acts as an ambassador for the medical physics profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include a separate letter outlining your assessment of the applicants’ excellence and leadership in the practice of medical physics. Include both your and the candidates’ roles in the project. Provide specific examples of the candidate’s exemplary practice as ranked in the table above. Please send this form and the letter by email to info@ccpm.ca.