Name of applicant for CCPM “Membership”:

Name of referee and institution:

Number of years you have known the applicant:

Referee certification, or number of years of experience as medical physicist within the institution:

Size of comparison group:

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 | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Medical physics experience in the nuclear medicine sub-specialty that you have direct ability to assess: (The Credentials Committee does not expect Membership applicants to have significant experience in all areas.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unable to assess | Little or no knowledge or experience | Knowledgeable but has limited experience | Could carry out task with minimal  supervision | Very competent: able to work independently |
| Able to independently perform NEMA testing of a gamma camera, analyze the data and  interpret the results provided. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Able to perform quality control tests as appropriate to a radionuclide dose calibrator and interpret the results  provided | ☐ | ☐ | ☐ | ☐ | ☐ |
| Able to discuss factors relevant to image quality with respect to optimization of administered  doses of clinical studies. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Provide radiation protection  advice | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knowledge of equipment  selection and evaluation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Design a quality assurance  program for a new equipment within the clinic | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talk to staff, public or media about sensitive professional  issues | ☐ | ☐ | ☐ | ☐ | ☐ |

An assessment of the applicant’s clinical experience is particularly important. Please evaluate the applicant’s application as follows:

I agree with the working experience, which is claimed in Sections 2.4, 3(A) AND 3(B):

Yes ☐ No ☐ Unable to assess ☐

I believe that the working experience claimed is relevant according to the criteria set forth in Section D.2 of the Regulations of the CCPM:

Yes ☐ No ☐ Unable to assess ☐

In making the above assessment, the following guidance should be taken into account:

* + Time spent in pursuit of a graduate degree is not considered to be relevant experience;
  + The experience should be comprehensive within the specialty;
  + Residency training within a recognized centre is considered relevant experience;
  + A research associate position would not generally provide comprehensive and hence relevant experience. Where appropriate, patient related experience could include work with normal volunteers.

1. Evaluation of the applicant

In the space provided or on a separate signed sheet with your institution's letterhead, please comment on the following items with respect to the applicant:

* + Your confidence in clinical decisions made by the applicant;
  + General comments on the strengths and weaknesses of the applicant as a competent clinical medical physicist;
  + Applicant’s suitability for College Membership;
  + Review their application and comment on the information provided.

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

Yes ☐ No ☐ Unable to Assess ☐

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referee’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sent this form, **as a PDF**, to: [info@ccpm.ca](mailto:info@ccpm.ca)