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 radiation-oncology 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 |
| Basic dosimetry calculations | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to perform quality control tests on equipment as per a  published protocol (i.e. TG-140) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to calibrate radiation emitting equipment as per a  published protocol (i.e. TG-51) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to evaluate quality of treatment plans. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 candidate’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.

1. Evaluation of the applicant:

In the space provided, or on a separate signed sheet with your organization'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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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