

Fellowship Distinction – Project Reference Assessment Form

To be completed by Fellowship candidate

Name of candidate for CCPM “Fellowship”:

Title of project(s):

Name and position of Referee:

Organization of Referee:

To be completed by the Referee

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

Please include a separate letter outlining your assessment of the candidate's 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.