

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

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](mailto:info@ccpm.ca).