

Applicant information

Applicant to complete this section before submitting to their references.

Applicant Last Name: _____

Given/First Name: _____

City, Province: _____

CPSA Tracking Number: CPSA. _____

Discipline/specialty: _____

References

The person named above has applied for registration with the College of Physicians & Surgeons of Alberta (CPSA). CPSA regulates physicians and physician assistants in Alberta, Canada and is responsible for registering physicians and physician assistants and issuing practice permits. Please complete this form at your earliest convenience regarding the applicant's practice or training and any other relevant information. Your responses are confidential. CPSA will not share your responses with the applicant or any third party, and will only use this information to help assess this application.

1. Are you related to the applicant? Yes No

If **yes**, please state your relationship: _____

2. How well do you know this physician? (choose one)
 Not at all Not well Somewhat Well Very well

3. Please indicate which **one** of the following six options best describes **your role** when you knew this applicant and provide the required information:

- Postgraduate training program director

Institution: _____

City, Country: _____

Dates you knew the applicant: From: _____ To: _____

- Postgraduate training supervisor or preceptor

Institution: _____

City, Country: _____

Dates you knew the applicant: From: _____ To: _____

- Chief of service

Institution: _____

City, Country: _____

Dates you knew the applicant: From: _____ To: _____

Hospital chief of staff or medical director
 Institution: _____
 City, Country: _____
 Dates you knew the applicant: From: _____ To: _____

Clinical colleague
 Institution: _____
 City, Country: _____
 Dates you knew the applicant: From: _____ To: _____

Other
 Please describe your role when you knew this applicant: _____
 Institution (if applicable): _____
 City, Country: _____
 Dates you knew the applicant: From: _____ To: _____

4. Regarding the following attributes, please provide your opinion of the applicant within the range of services they provided and in comparison with their peers:

Rate the following	Among the worst	Bottom half	Average	Top half	Among the best	Unable to assess
Communicates effectively with patients and colleagues						
Performs technical procedures skillfully						
Demonstrates appropriate judgement						
Makes the correct diagnosis in a timely fashion						

Comments or explanations regarding your answers above:

5. Do you consider the applicant to be:

	Yes	No	Insufficient knowledge of candidate to answer
Reliable			
Ethical			
Of good character			

Please explain any "no" answers above:

6. To your knowledge, has the applicant ever engaged in:

	Yes	No
Fraud or dishonesty		
Unprofessional conduct		
Excessive use of alcohol or other mood altering substances		

Please explain any "yes" answers above:

7. To your knowledge, has the applicant ever experienced any of the following:

	Yes	No
Failure of any part of training		
Discipline by hospital or training program		
Loss of privileges or staff appointment		
Discipline by licensing authority		

Please explain any "yes" answers above:

8. To your knowledge, has the applicant ever engaged in behaviour that may bring disrepute upon the medical profession? Yes No

If "yes" please explain:

9. Would you refer your patients or family members to this applicant? Yes No

If "no" please explain:

Reference information

Reference Last Name: _____ Reference First Name: _____

City, Province: _____ Country: _____

Email: _____ Telephone: _____

Discipline/specialty: _____ Date: _____

Thank you for acting as a reference on behalf of the applicant. **Your responses are confidential.** CPSA **will not** share your responses with the applicant or any third party, and will only use this information to assess the application.

Signature: _____ Date: _____

Please return the completed form to CPSA. If you are unable to sign electronically and use the submit function, please email us the signed document at registration@cpsa.ab.ca.