



POST DOCTORAL (PhD) CLINICAL BIOCHEMISTRY **REFeree FORM INSTRUCTIONS**

This referee form shall be used for **CLINICAL BIOCHEMISTRY** fellowship program. Please visit the [DPLM website](#) "Clinical Fellowships & AFC Programs" section for Post Graduate MD Fellowships.

It is the applicant's responsibility to ensure that the referee forms **AND** the application form (including letters of reference) is **COMPLETE** and received in the Fellowship Office by the deadline of **NOVEMBER 1 at 1600h MST.**

For questions or concerns regarding the application process, please email CalgaryFellowship@albertaprecisionlabs.ca.

Sections 1 & 2 to be completed by the Applicant

Sections 3 & 4 to be completed by the Referee

Letters of reference and completed referee form can be submitted via email OR mail to:

APL Clinical Biochemistry Fellowship Program

Attention: Shawna Pitman, Program Administrator

Alberta Precision Laboratories

Email: Chemistry.Fellowship@cls.ab.ca

Address: Diagnostic and Scientific Centre, 4th floor Admin
9, 3535 Research Road NW Calgary, AB T2L 2K8



POST DOCTORAL (PhD) CLINICAL BIOCHEMISTRY
REFEREE FORM

Section 1 Applicant Demographics

Full Name (Last, First Middle):	Email Address (non-institutional):
Current Mailing Address:	Permanent Mailing Address:

Section 2 Personal Letter/Statement

Briefly describe your reasons for seeking to qualify as a professional Clinical Chemist.

Section 3 Confidential Assessment by Referee

Please write a letter of reference for the candidate, amplifying or qualifying any aspect of your assessment that you feel would be helpful to those evaluating the candidate. Submit your letter along with this form directly to: Chemistry.Fellowship@cls.ab.ca

How long and in what capacity have you known the candidate?

Please give your assessment of the academic or capability rank of the candidate relative to others you have observed in the same situation:

- Upper 10%
 Upper 20%
 Upper 30%
 None of these

Please describe the applicant, under those headings you feel you can evaluate, by checking the box that best represents your judgement of their skills.

	Outstanding	Excellent	Above Average	Average	Below Average	No basis for sound judgment
Background Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical & Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability/Positivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Maturity/Critical Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication/Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality and Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 Signature

Electronic signatures are permitted.

Full Name	Signature**	Date