



## **UBC Child & Adolescent Psychiatry Subspecialty Training Program Applicant Reference Form**

	Declaration
I affirm that I am able to provide a reference/ ass	sessment of the applicant [ENTER APPLICANT NAME]
I affirm that:  • I do not have personal, common busines • This reference has not been shared with	ss interests or other conflicts of interest regarding this reference; or reviewed by the applicant.
Current and previous relationship(s) with the app	plicant:
Signature	Rank (academic) & Clinical position
NAME ( <u>please print</u> )	Date (y/m/d)
ASSESSMENT OF APPL	LICANT: [INSERT NAME OF APPLICANT]
GLOBAL ASSESSMENT: Using the description of th	scriptors below, please indicate your assessment of the applicant by
Evidence of overall strengths providing	r of areas, but with some deficits noted.

(Keep in mind that MOST applicants will be in the '2' or '3' category.)

ATTRIBUTE	1	2	3	4	
	INFREQUENTLY	OCCASIONALLY	CONSISTENTLY	USUALLY	
	MEETS	MEETS	MEETS	EXCEEDS	
	EXPECTATIONS	EXPECTATIONS	EXPECTATIONS	EXPECTATIONS	
Global Clinical Competencies					
Service to the University and to the Community					
Contributions to Teaching and Learning					
Research, Scholarly and/or Professional Activities					
Interpersonal and Professional Demeanor					

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J.	LICASE DI ONIGE	aliv Hallative i	comments on the	applicant 3 pci	HUHHIAHLE IE	zai ulliz tile abov	re ai eas.

- 4. Please list up to 3 strengths of this particular applicant:
  - 1.
  - 2.
  - 3.
- 5. Please list up to 3 areas for further development of this particular applicant:
  - 1.
  - 2.
  - 3.

Please provide any other comments you may have to assist the Committee in its deliberations: