

REFERENCE FORM

For The Schulich School of Medicine & Dentistry, London Health Sciences Centre, and St. Joseph's Health Care London

Instructions to the Applicant:

You are required to submit three confidential references with your application.

Your referees need to be from someone who has worked, supervised and/or been involved with your training/practice for a **minimum of 3 months** and within the **last two years**.

At least one reference must be from a current clinical supervisor, Department Head, Chief of Staff, or CEO. Those who completed a residency or clinical fellowship within the last year, a reference must be received from the Program Director or fellowship supervisor.

Those who completed a residency or fellowship at Schulich, one reference must be from someone who supervised or was involved with your training at Schulich during that training period.

References will not be accepted from those working in a nursing position, or someone who you have worked with and supervised directly.

Referees must be able to comment on your clinical competency.

Instructions to the Referee:

All sections of this reference must be completed. If a section is not applicable, please write "N/A".

Your personal knowledge of this applicant is important in judging suitability for appointment and privileges. Any concerns that you identify below should be explained.

This is a confidential reference and will not be shared with the applicant at any time.

Reference letters will not be accepted in lieu of this reference form.

Email completed reference form to Medical Affairs at:

LHSC Medical Affairs – medical.affairs@lhsc.on.ca

St. Joseph's Medical Affairs - sjhc.medaffairs@sjhc.london.on.ca

APPLICANT NAME: _____

DATE: _____

REFeree NAME: _____ **REFeree EMAIL:** _____

REFeree TITLE / POSITION : _____

REFeree DEPARTMENT: _____

REFeree HOSPITAL/ORGANIZATION: _____

PROFESSIONAL RELATIONSHIP TO APPLICANT

How long have you worked with the applicant?

Describe the working relationship of the applicant to you (i.e., colleague, supervisor) and include the organization where you were acquainted.

Is the applicant related to you? If so, specify relationship. Is your relationship with the applicant a potential conflict of interest which may impact this recruitment?

Please comment on the applicant's ability to pursue leadership roles and/or supervise staff.

Please rate the applicant on the criteria below:

Criteria	Outstanding	Satisfactory	Unsatisfactory	No Knowledge
Ability to work with and relate to staff and leaders in a collegial and professional manner				
Ability to communicate and relate appropriately with patients and their families				
Clinical knowledge and competence				
Satisfaction of "on-call" responsibilities				
Completion of clinical record documentation				
General compliance with Public Hospitals Act, Credentialed Professional Staff By-Laws, and other relevant legislature				
Patient Management (i.e., Monitoring of patients)				
Utilization of Hospital resources				
Willingness to participate in clinical, teaching and/or research responsibilities and obligations				
Ethical judgement				

If you responded 'unsatisfactory' to any of the criteria above, please comment below:

PROFESSIONAL CONDUCT

To the best of your knowledge, please respond to the following:	Yes	No
Does the applicant meet the requirements for continuing medical education? (attends conferences, grand rounds, journal clubs) If no, please comment: _____		
Are you aware of any situation where the applicant has interacted inappropriately with patients or their families?		

To your knowledge, has the applicant ever been found guilty of professional misconduct and/or has their license to practice medicine been revoked, suspended or restricted by a professional licensing body?

Are you aware of any situation where the applicant has engaged in professional practice patterns that would endanger patient safety or welfare?

Are you aware of any situation where the applicant's academic appointment has been denied, suspended, revoked, modified or voluntarily surrendered?

Are you aware of any situation where the applicant's certificate of registration has been denied, suspended, revoked, modified, or voluntarily surrendered?

To your knowledge, has the applicant ever been investigated or has any disciplinary action been taken, such as imposition of consultation requirements, suspension, or termination of privileges by any healthcare facility?

To your knowledge, does the applicant have any physical, mental or emotional health problems including the use of alcohol or drugs that might interfere with the capacity to carry out duties as a provider of medical care or impair competence to perform any of the clinical activities common to the applicant's area of practice?

If yes, please comment: _____

To your knowledge, has the applicant ever been convicted of a criminal offence for which a pardon has not been granted?

Is there any factor in your opinion that should prevent this person from being granted an appointment?

If yes, please comment: _____

CLINICAL SERVICE

Please comment on the applicant's clinical competence and any notable contributions to clinical service, such as leadership and quality improvement efforts.

TEACHING

Please comment on the applicant's Teaching contributions and their willingness to participate in teaching responsibilities and/or obligations (including Clinical and Non-Clinical Teaching).

RESEARCH

Please comment on the applicant's Research contributions and their willingness to participate in research responsibilities and/or obligations.

CLINICAL ADMINISTRATION

Please comment on the applicant's contributions to Clinical Administration, including their participation in and willingness to engage in administrative responsibilities such as committee service or other organizational roles.

SUMMARY RECOMMENDATIONS

**Recommend highly
Recommend**

**Recommend with reservation (comment below)
Do not recommend (comment below)**

Recommendation Comments, if necessary

Please feel free to provide any additional comments regarding the applicant.

☐ By checking this box, I confirm that the information submitted within this reference is correct to the best of my knowledge and belief.

Date: _____

This personal information on this form is collected under the authority of the Public Hospitals Act R.S.O 1990, c. P.40. and is used to consider an applicant for appointment to Credentialed Professional Staff of London Health Sciences Centre and St. Joseph's Health Care London (St. Joseph's). If you have questions about the collection of this information, contact LHSC and/or St. Joseph's Medical Affairs at medical.affairs@lhsc.on.ca / sjhc.medaffairs@sjhc.london.on.ca