



College of Chiropractic Orthopaedic Specialists (Canada)
Collège des spécialistes en orthopédie chiropratique (Canada)

Letters of Recommendation Instructions

To the Applicant

You are required to have **three “Letter of Recommendation” forms** submitted on your behalf as part of your application to CCOS(C) Graduate Studies Program. **Letters of Recommendation** are preferred to come from active chiropractic specialists, in Orthopaedics or any of the other 4 Federation of Canadian Chiropractic-recognized specialties, or faculty of the chiropractic institution you attended, who have knowledge of your scholastic and personal qualities and achievements as a total person. Recommendations from employers, and/or other academics, and/or other health professionals may also be used in support of your application. Recommendations should not come from family members or personal friends.

All 3 Letters of Recommendation are to be submitted using a copy of this form.

Firstly, print 3 copies of the Consent and Waiver on the next page and sign them where appropriate. At the same time, fill in your name in the Applicant name slot, save, and e-mail the Word document to your referees. Your referees must have both the signed **Consent form** (either as a scan or as a hard copy) and the Word document for the **Letter of Recommendation**. Give the referees clear instructions on timelines and submissions. The referee must send the **Letter of Recommendation** and the **Consent form** in an electronic version, preferably as a single scanned pdf file, directly to the CCOS(C) at info@ccosc.ca .



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**Consent for
Letter of Recommendation
Graduate Studies Program – Chiropractic Orthopaedics
(To be completed by applicant and given to referees for their records)**

Referee:

- 1) Keep this page for your records;
- 2) Forward an electronic copy of this **consent** together and simultaneously with your completed **Letter of Recommendation** form to the CCOS(C) via e-mail at info@ccosc.ca; a single pdf file would be preferred which may mean printing both documents and scanning them together into one file.
- 3) Do NOT return these documents to the applicant for submission, but send them to the CCOS(C) directly.

I, _____ (Name of Applicant), request that

_____ (Name of Referee) complete a **Letter of Recommendation** on my behalf.

I understand that in order to complete the **Letter of Recommendation** form that the Referee listed above will need to comment on my academic performance and/or employment history. I agree to the disclosure by my referee of my personal information to the College of Chiropractic Orthopaedic Specialists (Canada).

Signature of Applicant: _____ Date: _____

This consent will be effective for one year past the signature date. Please note that this form does not authorize the College of Chiropractic Orthopaedic Specialists (Canada) to provide the referee with information about the Applicant.

I, the above-named applicant, waive the right to inspect the confidential recommendation from my above-named referee.

Signature of Applicant: _____ Date: _____



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Letter of Recommendation Form Graduate Studies Program - Chiropractic Orthopaedics

Applicant Name:

To the Referee

The information supplied on this form will be used for the purposes of assessing the applicant's qualifications for admission to the Graduate Studies Program in Orthopaedics. Your comments will be held strictly confidential provided the applicant has signed the waiver giving up the right to inspect this confidential recommendation. Please use our email info@ccosc.ca to submit your completed reference form directly to the Executive Board of the CCOS(C).

Please use this Word document as a template for your **Letter of Recommendation**. Once completed, please save it in a pdf format and submit, along with a scanned copy of the Consent, to info@ccosc.ca.

Referee Name:

Address:

City:

Prov.:

Postal Code:

Tel.: (____) ____--____

Fax: (____) ____--____

E-mail:

1. How long have you know the applicant? Years: _____ and Months: _____

2. In what capacity? Please circle whether Teacher, Professional Colleague, or Employer
if Other, please explain: _____

3. Do you know of anything that reflects adversely on the applicant's moral character? If so, please explain.



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4. Do you know of any emotional or personal difficulties experienced by the applicant which would adversely affect his or her ability to complete the Graduate Studies Program in Chiropractic Orthopaedics? If so, please explain.

5. Do you feel that the applicant will be able to adjust to the demands of an intensive educational program without undue difficulty? If not, please explain.

6. Please rate the applicant's achievements and/or potential by placing an **X** in the appropriate spaces below.

	Outstanding	Above average	Average	Below average	Unable to judge
Academic or professional preparation					
Ability to make critical decisions					
Knowledge of scientific literature					
Evidence of continuing education					
Organizational skills					
Ability to work with others					
Teaching ability (actual or potential)					
Oral communication skills					
Written communication skills					
Commitment to graduate studies					

7. Please put an **X** to the left of the selection for your overall recommendation for the applicant for the Graduate Studies Program in Chiropractic Orthopaedics:



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	Highly recommend		Recommend
	Recommend with reservations		Not recommend

Signature of Referee: _____

Date: _____