



## Letter of Recommendation Consent

**Attention Applicant:**  
**Please complete this consent and give to your referee for your referee's records.**

**Attention Referee:**  
**Keep this Letter of Recommendation Consent as evidence of the applicant's consent for you to disclose personal information.**

Please do **not** return this form to the applicant or send it to the College of Chiropractic Orthopaedic Specialists (Canada).

I \_\_\_\_\_ request that \_\_\_\_\_ complete a  
Name of Applicant Name of Referee

letter of recommendation on my behalf.

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

This consent will be effective for one year past the signature date.

Please note that this form does not authorize either the Graduate Studies Admissions Committee or the College of Chiropractic Orthopaedic Specialists (Canada) to provide the Referee with information about the Applicant.



# Letter of Recommendation

(The Applicant and the Referee sections must be completed • please print and scan)

## To the Applicant

You are required to submit three "Letter of Recommendation" forms as part of your application to CCOS(C) Graduate Studies Program. Letters of Reference 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. Letters from employers, and/or other academics, and/or other health professionals may also be used in support of your application. Letters should not come from family members or personal friends.

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

Applicant: Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

I waive the right to inspect this confidential Letter of Recommendation.

\_\_\_\_\_

Applicant signature for waiver

Date

## 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. Entrance into this program serves as partial fulfillment of the requirements to becoming a Fellow of the College. Your comments will be held strictly confidential provided the applicant has signed the waiver above giving up the right to inspect this confidential recommendation. Please use our e-mail [info@ccosc.ca](mailto:info@ccosc.ca) to submit your completed reference form directly to the Executive Board of the CCOS(C).

Contact Information (required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street & Number

City

Province

Postal Code

Telephone Number:

FaxNumber:

E-mail:

1. How long have you known the applicant? \_\_\_\_\_ years and \_\_\_\_\_ months

2. In what capacity? Teacher Professional Colleague Employer Other (please explain below)

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



**Letter of recommendation (cont'd)**

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

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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

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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
a) Academic or professional preparation					
b) Ability to make critical decisions					
c) Knowledge of the scientific literature					
d) Evidence of continuing education					
e) Organizational skills					
f) Ability to work with others					
g) Teaching ability (Actual or Potential)					
h) Oral communication skills					
i) Written communication skills					
j) Commitment to graduate studies					

7. Overall, I would

<input type="checkbox"/> Highly Recommend	<input type="checkbox"/> Recommend
<input type="checkbox"/> Recommend with Reservations	<input type="checkbox"/> Not Recommend

the applicant for the Graduate Studies Program in Orthopaedics.

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Signature of Referee

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Date (YYYY/MM/DD)