

**REFERENCE IN SUPPORT OF APPLICATION
FOR PROFESSIONAL CERTIFICATION (P.Phys.)**

***** Must be signed to be accepted *****

Applicant's Name: _____

REFEREE'S INFORMATION:

Name: _____

Affiliation: _____

E-mail Address: _____ Tel No.: _____

APPLICATION FOR CERTIFICATION: Please use a separate sheet if more space is required.

A REFEREE MUST BE IN A POSITION TO CONFIRM THAT THE APPLICANT HAS THE EXPERIENCE NECESSARY TO QUALIFY FOR CERTIFICATION, AND PROVIDE A WRITTEN SUMMARY OF THE APPLICANT'S ABILITIES IN THE FOLLOWING AREAS:

Technical
Competence

Written and
verbal
communication
skills

Ability to apply
physics principles
or modes of
thought

Management
skills (where
applicable)

Interpersonal
skills

APPLICATION FOR EXEMPTION FROM THE PROFESSIONAL PRACTICE EXAMINATION (IF APPLICABLE): Please use a separate sheet if more space is required.

A REFERENCE IN SUPPORT OF EXEMPTION SHOULD DEMONSTRATE THAT THE APPLICANT MEETS THE CRITERIA WHICH THE PPE ATTEMPTS TO TEST. THESE ARE THAT THE APPLICANT :

has the ability to
communicate generally
and clearly in one or
both official languages

can explain technical
matters and their
significance clearly in
non-technical terms

can use physicists'
quantitative thinking in
unfamiliar,
non-academic types of
situations

is sensitive to, and
understands, ethical
matters

Other comments
(The Committee will
also consider factors
such as leadership in
the physics
community)

L **Date:** _____ **Signature:** _____

Submit to: Professional Certification Committee, Canadian Association of Physicists, Suite 112, McDonald Bldg.,
150 Louis Pasteur Avenue, Ottawa, ON, K1N 6N5