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REFERENCES

NAME OF APPLICANT: _____

List three persons with recent professional/educational knowledge of you, none of whom may be related to you and one of whom must be:

- (a) for physicians who have recently completed postgraduate clinical training, your supervisor responsible for training
- (b) a physician in a supervisory position in a hospital where you have practised most recently
- (c) a physician colleague with whom you have practised most recently

Include full e-mail and postal addresses, and a contact telephone number. Incomplete addresses will delay processing.

Referee 1

Name _____

Address _____

Email _____

Phone Number: ____ ____ ____

Referee 2

Name _____

Address _____

Email _____

Phone Number: ____ ____ ____

Referee 3

Name _____

Address _____

Email _____

Phone Number: ____ ____ ____