



2019-2020 Residency Application Package

Residency Application

Section C





CCNM
Canadian College of
Naturopathic Medicine

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GUIDELINES FOR LETTERS OF REFERENCE

Instructions to the Applicant

As part of the selection process, candidates are asked to submit three references. These three individuals should be:

1. a faculty member from the naturopathic institution you attended;
2. a current or past employer;
3. an additional reference of your choice.

The referee is asked to send the letter of reference and evaluation forms as per directions below by the due date.

Instructions to the Evaluator

Please fill out the **Residency Applicant Evaluation Form** attached and provide a **letter of reference** for the applicant. In your letter of reference, please respond to the areas listed below and include any additional pertinent comments regarding the candidate's knowledge, skills and abilities. The applicant will not be allowed to review your submission unless otherwise required by legal action.

In order to evaluate fairly, it is imperative that each area listed below is addressed in your response.

- How long have you known the applicant and what is the nature of your relationship?
- Why do you believe this applicant wants to complete a residency?
- Please describe his/her sense of responsibility and professional integrity.
- Describe the applicant's approach and use of available evidence in making clinical decisions
- How does this applicant function within a group?
- Describe a stressful situation you know this applicant has experienced and explain how they responded.
- What are the applicant's strengths and weaknesses in terms of the residency position?
- Anything else you feel we should know about this applicant regarding their knowledge, skills and abilities?

PLEASE NOTE:

On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the Selection Committee with a phone number where you may be reached. Please be advised that this information will remain confidential.

**Please return your letter of reference and Residency Applicant Evaluation Form to:
Barbara Young, Executive Director, Human Resources
The Canadian College of Naturopathic Medicine
1255 Sheppard Avenue East
Toronto, ON M2K 1E2**



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RESIDENCY APPLICANT EVALUATION FORM

TO THE EVALUATOR: Your evaluation is a critical component of the candidate's application. Please take your time to respond frankly to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Encircle **all** traits that apply to this candidate. Feel free to write additional comments.

Applicant Name: _____

I. COMMUNICATION SKILLS

A. Verbal Style

Brief	Slow	Reflective	Circuitous	Clouded	Formal
Interpretive	Ordinary	Expansive	Complete	Fixed	Garrulous
Trite	Obtuse	Articulate	Wordy	Clear	Eloquent
Concise	Smooth	Informal	Abstract	Excessive	Disjointed

Additional Comments: _____

B. Aural Style (Listening)

Flat	Sensitive	Conceptual	Complete	Challenged	Thoughtful
Attentive	Dull	Distracted	Biased	Focused	Oblivious
Insensitive	Reflective	Clear	Responsive	Inattentive	Empathetic

Additional Comments: _____

C. Written Communication

Excellent	Competent	Good	Satisfactory	Adequate	Poor
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Additional Comments: _____

D. Group Interactions

Star	Reserved	Motivating	Respectful	Leader	Uninterested
Non-Participant	Focused	Exclusive	Shows Initiative	Inclusive	Selfish

Additional Comments: _____



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II. SITUATIONAL PERFORMANCE

A. Medical Emergency

Incapable	Focused	Hesitant	Competent	Fearful	Cooperative
Quick	Incompetent	Calm	Scattered	Energized	Cannot Evaluate

Additional Comments:

B. Last minute changes in schedule or patient appointments

Cooperative	Accepting	Irritable	Versatile	Composed	Positive
Frustrated	Comfortable	Adaptable	Angry	Fixed	Cannot Evaluate

Additional Comments:

C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background

Receptive	Naïve	Respectful	Avoidant	Congruent	Unconditional
Judging	Oblivious	Curious	Divisive	Prejudiced	Cannot Evaluate

Additional Comments:

D. Challenging Patients (patients whose behaviours are angry, admiring, cynical, etc.)

Responsible	Avoidant	Curious	Controlling	Angry	Defensive
Dismissive	Exploratory	Responsive	Accepting	Empathetic	Helpful
Patient	Irritable	Tolerant	Reactive	Fearful	Cannot Evaluate

Additional Comments:

E. Friction with Supervisor, Student, Staff (Circle one or more if appropriate)

Accepting	Grudging	Communicative	Spiteful	Professional	Compromising
Avoidant	Ethical	Vengeful	Responsible	Antagonistic	Open
Calm	Resentful	Active	Passive	Congruent	Cannot Evaluate

Additional Comments:



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III. Academics / Clinical Skills					
	Excellent	Good	Average	Below Average	Unknown
Ability to learn new concepts					
Research Interest					
Recognizing abnormal results on a Physical Exam					
Interpretation and analysis of abnormal results on PE, Lab, or Imaging					
Prescription and Dosing of Nutritional Supplements					
Prescription, Formulation and dosing of Botanical Formulas					
Technique, Application and Use of Hydrotherapy					
Technique, Application and Use of Physical Medicine					
Technique, Application and Use of Homeopathy					
Technique, Application and Use of Counselling					
Technique, Application and Use of TCM					

IV. Personal Characteristics					
	Excellent	Good	Average	Below Average	Unknown
Emotional Stability					
Enthusiasm					

V. Additional Information

A. If not covered by the previous questions, please list the applicant's strengths.

B. If not covered by the previous questions, please list the applicant's weakness (es).

C. Please add any other information about this applicant that you would like us to know.



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How would you rate this applicant overall? (Please shade the appropriate box)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Based on the evaluation that you have indicated above, please select the statement that best applies.

I WOULD NOT RECOMMEND this candidate to your residency program.

I would recommend this candidate to your residency program, BUT WITH SOME RESERVATIONS.

I WOULD HIGHLY RECOMMEND this candidate to your residency program

Evaluator Name: _____ Position/Title: _____

Work Phone #: _____ Home Phone #: _____

Signature of Evaluator: _____ Date: _____

PLEASE NOTE:

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