



**B. PLEASE DESCRIBE THE NATURE AND DURATION OF YOUR CONTACT WITH THE APPLICANT.**

**C. Please give a NARRATIVE ASSESSMENT of the applicant, emphasizing those aspects of the applicant which caused you to rate him/her as you did. Feel free to include any other pertinent information**

**D. PLEASE GIVE AN OVERALL RATING OF THE APPLICANT RELATIVE TO OTHERS AT THE SAME**

**LEVEL OF TRAINING BY PLACING A MARK ON THE LINE GIVEN BELOW:**

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*Satisfactory*

*Will do a very good job*

*The best candidate  
you have met to date*

Signature:

Date:

**NAME OF REFEREE:**

**TITLE AND POSITION:**

**MAILING ADDRESS:**

**PHONE:**

**FAX:**

**EMAIL:**

Again, many thanks.

Please return your assessment to: Jamie Allaer

Fellowship Program Administrator  
Dept. of Anesthesia and Perioperative Medicine  
London Health Sciences Centre - University Campus  
339 Windermere Road, London, ON N6A 5A5  
Email: [Jamie.Allaer@LHSC.ON.CA](mailto:Jamie.Allaer@LHSC.ON.CA)  
Phone: 519-663-3022  
Fax: 519-663-2957