



# Qualified Assessment Providers for Technology Assessment Program

The information will remain confidential and is for CME only. Please answer the following pertaining to this consultant only.

## CONSULTANT REFERENCES

Use this form to list references for each of the participating consultant who will be participating in the Project. A minimum of three (3) references should be provided per consultant – preferably references by clients of your organization. Use additional forms if required.

The Project staff may contact any company listed to confirm their experience with your organization.

## PARTICIPATING CONSULTANT REFERENCES

Please list references and projects over the last 3 years in the practice areas as mentioned in the 'Call for QSP' form on Page 4. Include any supporting documentation i.e. success stories, published articles etc.

## FUNDING PROVIDED BY THE / FINANCEMENT FOURNI PAR LE

Proud recipient of support from the Government of Canada through the Federal Economic Development Agency for Southern Ontario.



Consultant Name	
# of years with organization	
# of assessments completed	
Professional Certifications	
Contact Email & Telephone	

Reference Name	
Company name	
Decision-maker Contact & Title	
Project length	
Brief Project Description	
Practice Areas	
Project Outcome	
General Comments	