Dear Prospective Faculty,

Re: Rural Northern Initiative (RNI)
Department of Family and Community Medicine (DFCM)
Faculty of Medicine, University of Toronto

Thank you for your interest in becoming a Rural Northern Initiative faculty member in the Department of Family and Community Medicine! We are delighted to provide residents with the opportunity to benefit from all that you bring to the table both personally and professionally. Good role models are one of the most important tools for residents when it comes to their future careers.

In addition to your enthusiasm, desire to teach and interest in showcasing the wonderful specialty of family medicine to future physicians, you will be asked to evaluate your Rural Northern Initiative Resident(s). You will be given straightforward guidelines on how to do so but should recognize that this is a responsibility that carries weight for the residents. All those who become Rural Northern Initiative preceptors must apply for and receive a University of Toronto clinical faculty appointment. The attached application package will assist you in applying for a clinical faculty appointment. The application process takes approximately 6-8 weeks.

What do I need to qualify for a faculty appointment?

1. Evidence of CFPC Certification and/or Membership
2. Evidence of CMPA (current membership)
3. Evidence of CPSO (current membership)
4. A Certificate of Professional Conduct
5. Provide a reference, whom we may contact to solicit a letter on your behalf for inclusion with your application.

The benefits of a University of Toronto faculty appointment:

1. Access to the many University of Toronto libraries and educational resources
2. Opportunities for FREE faculty development and CME opportunities
3. Opportunities for expansion of teaching involvement including electives, clerkship and resident teaching
4. Engagement in a community of similar minded docs looking to make a difference
5. Free anti-virus software

If I qualify, what should I do next?

1. Prepare and submit a complete clinical faculty appointment application package.

We look forward to working with you!

Revised: September 2021
# Professional Profile – Rural Northern Initiative Program

## Personal Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Initials:</th>
<th>Social Insurance Number:</th>
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<th>Citizenship or Immigration Status:</th>
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<td>☐ Canadian</td>
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## Faculty Information

**Member of the College of Family Physicians of Canada (CFPC):** (If a member, a photocopy of your membership card is MANDATORY)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Membership Number</th>
<th>Expiry Date: dd/mm/yyyy</th>
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**Canadian College of Family Physicians (CCFP) Certification (exams):**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>(If applicable) Year of CCFP Exam Completion:</th>
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**CPSO Certificate of Registration:** (a photocopy of CPSO membership card is MANDATORY)

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<th>CPSO Number</th>
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What type of CPSO registration will you have if your University appointment begins?

- [ ] Independent Practice Certificate of Registration
- [ ] Certificate of Academic Registration
- [ ] Restricted Certificate of Registration
- [ ] I don’t know

**Canadian Medical Protective Association Membership (CMPA):** (a photocopy of CMPA card is MANDATORY)

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<th>Yes</th>
<th>No</th>
<th>CMPA Number</th>
<th>Expiry Date: dd/mm/yyyy</th>
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**Certificate of Professional Conduct:**

- [ ] Yes (a photocopy of your Certificate of Professional Conduct is MANDATORY)

**Completion of specialty exams outside of Canada:** (If applicable) Indicate Country:

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<th>No</th>
<th>Country:</th>
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**Do you have a faculty appointment at any other academic institution?** (If applicable) Indicate Rank:

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<th>No</th>
<th>Rank:</th>
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**Have you passed Royal College of Physicians and Surgeons of Canada Specialty Exams?**

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<th>No</th>
<th>Specialty:</th>
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If yes, which certificate was conferred?

- [ ] FRCPC
- [ ] FRCSC
- [ ] None
Do you hold, or have you ever held, an academic appointment at the University of Toronto?  
Yes ☐  No ☐ (If yes) Indicate the department: ________________________________

Do you have a Faculty Appointment at any other Academic Institution?  
Yes ☐  No ☐ (If yes) Indicate the rank and institution name: ________________________________

Do you have, or are you seeking, a Hospital Affiliation?  
Yes ☐  No ☐ (If yes) Indicate the Hospital: ________________________________

Type of Hospital Appointment Category: ________________________________  
(i.e. Active, Courtesy, Associate, Consulting, etc.)

Type of Privileges:  
(i.e. Administrative, Emergency Medicine, Inpatient Care, Minor procedures, Obstetrics, etc.)

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<tr>
<th>Doctor of Medicine (If applicable)</th>
<th>Year Graduated</th>
<th>Institution</th>
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<td>Family Medicine Residency (If applicable)</td>
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<td>Other Residency (please be specific)</td>
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<td>e.g. 2 year Family Medicine residency, 1 year rotating internship, 4 year Internal Medicine residency.</td>
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Post Residency Training Completed (If applicable):  
i.e.: fellowships, certificates, diplomas, honours etc.

Additional Professional Contributions (If applicable) i.e. Research endeavours, publications, papers presented at meetings and symposiums, invited lectures and teaching to date, creative professional activities, clinic innovations, guideline development. (Indicate undergraduate, postgraduate. Add page if needed)

Have you been under investigation or found either unfit to practice and/or guilty of professional misconduct by the College of Physicians and Surgeons of Ontario (CPSO) or any other medical/professional licensing body?  
Yes ☐  No ☐

Are you presently the subject of an investigation by the CPSO, any other provincial regulatory body, or other medical/professional body?  
Yes ☐  No ☐

If you answered yes to any of the above statements, please explain:

* nb: Please be assured that all professional profiles are kept strictly confidential.

I understand that this re/appointment application is subject to approval by the Director of Teaching Practices. I agree to discuss with the Department Chair any changes in my professional license status, CMPA status or any other issues that may affect the provision of services including teaching or patient care.

Candidate’s Signature ___________________________________________ Date ___________________________

Program Coordinators Signature ___________________________________________ Date ___________________________

Revised: September 2021

Please return via: E-mail: dfcm.rni@utoronto.ca  Phone number: 416-978-8530
Curriculum Vitae

[Title] [Given Name] [Family Name]
[Professional Title]

Note: Record level details are denoted only once for each section. If there are multiple subsections, please use the same format.

A. Date Curriculum Vitae is Prepared: [Year Month Day]

B. Biographical Information

Primary Office
[Institution]
[Street Address]
[City], [Province], [County]
[Postal Code]
Telephone  [Telephone Number]
Cell phone  [Cell Phone Number]
Fax  [Fax Number]
Email  [Email Address]

1. EDUCATION

Degrees
[Presented in reverse chronological order]
[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor(s)]

Postgraduate, Research and Specialty Training
[Presented in reverse chronological order]
[Start – End Dates] [Title], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor(s)]

Qualifications, Certifications and Licenses
[Presented in reverse chronological order]
[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country]. [License/Membership Number]

2. EMPLOYMENT

Current Appointments
[Presented in reverse chronological order]
Previous Appointments

CLINICAL
[Presented in reverse chronological order]
[Start – End Dates] [Title/Position], [Department] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].
Description.

CONSULTING

HOSPITAL

RESEARCH

UNIVERSITY

UNIVERSITY - CROSS APPOINTMENT

UNIVERSITY – RANK HISTORY

[OTHER]

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

INTERNATIONAL
Received
[Presented in reverse chronological order]

[Start – End Dates] [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country]. [Award Type], [Specialty] 
Description. Total Amount: [Total Amount] [Currency]

Nominated
[Presented in reverse chronological order]

[Start – End Dates] [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country]. [Award Type], [Specialty] 
Description. Total Amount: [Total Amount] [Currency]
NATIONAL
Received
Nominated

PROVINCIAL/ REGIONAL
Received
Nominated

LOCAL
Received
Nominated

Teaching Awards

INTERNATIONAL
Received
[Presented in reverse chronological order]

[Start – End Dates] [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country], [Award Type], [Specialty]
Description. Total Amount: [Total Amount] [Currency]

Nominated
[Presented in reverse chronological order]

[Start – End Dates] [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country], [Award Type], [Specialty]
Description. Total Amount: [Total Amount] [Currency]

NATIONAL
Received
Nominated

PROVINCIAL/ REGIONAL
Received
Nominated
Student/Trainee Awards

INTERNATIONAL
Received
[Presented in reverse chronological order]

[Start – End Dates]  [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country],
[Award Type], [Specialty]
Description. Total Amount: [Total Amount] [Currency]

Nominated
[Presented in reverse chronological order]

[Start – End Dates]  [Name of Award], [Role], [Institution/ Organization], [City], [Province/ State], [Country],
[Award Type], [Specialty]
Description. Total Amount: [Total Amount] [Currency]

NATIONAL
Received

Nominated

PROVINCIAL/ REGIONAL
Received

Nominated

LOCAL
Received

Nominated

Professional Associations

[Presented in reverse chronological order]

[Start – End Dates]  [Role], [Association Name], [Membership Number]
Administrative Activities

INTERNATIONAL
[Institution/Organization name]
[Presented in reverse chronological order]
[Start – End Dates] [Role], [Committee Name], [Faculty Name], [University Department], [Division], [Primary Audience],
Description.

NATIONAL

REGIONAL & PROVINCIAL

LOCAL

Peer Review Activities

ASSOCIATE OR SECTION EDITING [ACTIVITY TYPE]
[Presented in reverse chronological order]
[Role]
[Start – End Dates] [Institution/ Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

EDITORIAL BOARDS

GRANT REVIEWS

MANUSCRIPT REVIEWS

PRESENTATION REVIEWS

[OTHER]

Other Research and Professional Activities

[ACTIVITY TYPE]
[Presented in reverse chronological order]
[Start – End Dates] [Role]. [Institution/ Organization], [City], [Province], [Country]. [Title]. Supervisor(s):
[Supervisor(s)Name]. Collaborators: [Collaborators Name]

Innovations and Development in Teaching and Education

[Presented in reverse chronological order]
C. Academic History

1. RESEARCH STATEMENTS

[Presented in reverse chronological order]
[Start – End Dates] [Title/subject], [Description]

2. RESEARCH AWARDS

Grants, Contracts and Clinical Trials

PEER-REVIEWED GRANTS

Funded
[Presented in reverse chronological order]

[Start – End Dates] [Role]. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [Funding Type] Description.

Declined
[Presented in reverse chronological order]

[Start – End Dates] [Role]. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [Funding Type] Description.

NON-PEER-REVIEWED GRANTS [Presented in reverse chronological order]

Funded

Declined

Salary Support and Other Funding

PERSONAL SALARY SUPPORT [FUNDING TYPE]

[Presented in reverse chronological order]

[Start – End Dates] [Funding Title]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country].

TRAINEE SALARY SUPPORT
3. PATENTS

[Presented in reverse chronological order]
[Date of Issue] [Title]. [Patent/Trademark/Copyright Type]. [Status], [Patent/Trademark/Copyright Number] [Country]. [Joint Holder Names].

D. Publications

1. MOST SIGNIFICANT PUBLICATIONS

[Presented in reverse chronological order]
1. [Role]. [Author(s) – CV holder’s name bolded]. [Title of article]. [Journal name]. [Rest of citation]. [Status – only if in press]. Impact Factor [Impact Factor], (Trainee Publication, [Trainee Details] – only if it is a trainee publication).

Most significant publication details.

2. PEER-REVIEWED PUBLICATIONS

Journal Articles

[Presented in reverse chronological order]

[Role]. [Author(s) – CV holder’s name bolded]. [Title of article]. [Journal name]. [Rest of citation]. [Status – only if in press]. Impact Factor [Impact Factor], (Trainee Publication, [Trainee Details] – only if it is a trainee publication).

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals
Editorials

Commentaries

Letters to Editor

Monographs

Multimedia

Other Publications

3. NON-PEER-REVIEWED PUBLICATIONS

[Same as Peer-Reviewed Publications]

Journal Articles

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals

Editorials
4. SUBMITTED PUBLICATIONS
[Same as Peer-Reviewed Publications]

Journal Articles

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals

Editorials

Commentaries
E. Presentations and Special Lectures

1. INTERNATIONAL

Abstracts and Other Papers
[Presented in reverse chronological order]
[Date] [Role]. [Title]. [Host]. [City], [Province], [Country]. Presenter(s): Name(s). [Rest of Citation].
(Trainee Presentation – only if it is a trainee presentation)

Invited Lectures and Presentations

Media Appearances

Other Presentations

2. NATIONAL

Abstracts and Other Papers

Invited Lectures and Presentations

Media Appearances

Other Presentations
3. PROVINCIAL/ REGIONAL

Abstracts and Other Papers

Invited Lectures and Presentations

Media Appearances

Other Presentations

4. LOCAL

Abstracts and Other Papers

Invited Lectures and Presentations

Media Appearances

Other Presentations

F. Teaching and Design

Please see the Teaching and Educational Report for details.

G. Research Supervision

1. MULTI-LEVEL EDUCATION

[Presented in reverse chronological order]

[Role], [Name of Student], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution]. [Year/ Stage], [Research Project Title]. Awards: [Student's Awards Attained]. Collaborators: [Collaborators]. Completed [Year Completed].
2. UNDERGRADUATE EDUCATION

3. GRADUATE EDUCATION

4. UNDERGRADUATE MD

5. POSTGRADUATE MD

6. CONTINUING EDUCATION

7. FACULTY DEVELOPMENT

8. PATIENT AND PUBLIC EDUCATION
Clinical (MD) Academic Position Description Template: Adjunct

_____________________________   _______________________________   _______________________________
Candidate Name   Family and Community Medicine   Community Clinic
University Department Name   Hospital Name

Time Commitment

☒ Adjunct: engaged in academic activities for less than 20% of professional time, including teaching during patient care

☐ Part-time: engaged in academic activities 20% or more and less than 80% of professional time, including teaching during patient care

Type of Job Description

Clinician Teacher   Major clinical responsibilities with some participation in teaching activities.

Clinician Educator   Major time commitment to teaching, educational administration, and related scholarly activities.

Clinician Administrator   Major educational administrative responsibilities which occupy at least 50% of professional time.

Other (Name and briefly describe):

(N.B. Time Commitment is always Adjunct and type of job description is always clinician teacher)

Clinical Activities:

☐ Full or part-time family practice clinic
☐ Inpatient medicine
☐ Emergency medicine
☐ Intrapartum obstetrics
☐ Nursing homes/house calls
☐ On call duties

Teaching Activities: Preceptor for Rural Northern Initiative Program

Candidate: _______________________________   _______________________________   _______________________________
Signature   Date

RNI Coordinator: _______________________________   _______________________________   _______________________________
Dr. Nadia Incardona   Signature   Date

University Department Chair: _______________________________   _______________________________   _______________________________
Dr. Danielle Martin   Signature   Date

Revised: September 2021
PROFESSIONAL DEVELOPMENT PLAN

Rural Northern Initiative

Please complete this form in FULL.
The form must be signed and dated by both the Appointee and the approved DFCM Program Director (P/D)

Name of Candidate: __________________________
Rank: Lecturer

Clinic Name: __________________________
Program Director: Dr. Nadia Incardona

RNI Location: __________________________
Professional Development Director: Dr. Alison Appelton
    aliappelton@gmail.com

Percentage of professional time spent in academic work including teaching in the course of clinical care:

☐ Clinical Adjunct Application

DUTIES AND EXPECTATIONS:
Supervise PGY2 family medicine residents during their 2 week Rural Northern Initiative Locum

BACKGROUND AND EXPERIENCE:
Clinician in community setting.

PROFESSIONAL DEVELOPMENT GOALS – Are you interested in FD support for the following?

☐ Rural Initiatives
☐ Research: if interested, would you allow the DFCM to contact you regarding our research program?
☐ Research mentorship: please email dfcm.research@utoronto.ca
☐ Teaching → connect with your FD Lead
☐ Creative Professional Activity (CPA) → connect with your FD Lead
☐ Education Scholarship → email dfcm.edscholarship@utoronto.ca
☐ Leadership or career development → connect with your FD Lead
☐ Mentorship: Can be formal or informal. Formal mentorship usually occurs around a defined issue. Are you interested in a formal mentor at this time? If so, please contact your FD Lead
☐ Quality Improvement → connect with your QI Lead
☐ Clinical support → connect with your Site Chief
☐ HPE support → email hpe.familymed@utoronto.ca

ACTIVITIES TO ACHIEVE GOALS:
To provide medical care in small northern communities facing a physician shortage and expose DFCM residents to the exciting and rewarding work available in northern Ontario.

SUPPORT FOR ACHIEVING GOALS:
Mentorship from Coordinator and Faculty Development Representative.

SCHEDULE:
Variable from year to year.

Signature of Appointee: __________________________ Date: __________________________

Signature of RNI Coordinator: __________________________ Date: __________________________
## FAQs

**What is a Professional Development Plan (PDP)? What is it used for?**

A Professional Development Plan (PDP) is a one-page form designed to facilitate discussion between the Site Chief or Program Director and the faculty member. It is used to delineate clinical duties and expectations, career development goals, and potential supports to achieve the stated goals.

The PD plan should be reviewed and revised periodically (1-3 years), and can be updated at the discretion of the chief and faculty member. It is a mandatory component for all new faculty appointments and applications for promotions in the DFCM.

## Faculty Development Opportunities, Activities, and Resources

As a faculty member in the DFCM, you have access to many faculty development opportunities. Please visit our website for more information: [http://dfcm.utoronto.ca/landing-page/faculty-development](http://dfcm.utoronto.ca/landing-page/faculty-development)

<table>
<thead>
<tr>
<th>A) Teaching and Education</th>
<th>B) Creative Professional Activity (CPA)</th>
<th>C) Leadership and Administration</th>
<th>D) Research</th>
<th>E) Promotions</th>
<th>F) HPE (Health Professional Educator) Support</th>
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<tbody>
<tr>
<td>• FD Stepping Stones: <a href="https://cfd.utoronto.ca/">https://cfd.utoronto.ca/</a></td>
<td>• Contact your FD Lead to discuss</td>
<td>• NEAL <a href="https://cfd.utoronto.ca/neal">https://cfd.utoronto.ca/neal</a></td>
<td>• Resources: <a href="http://www.dfcm.utoronto.ca/landing-page/research">http://www.dfcm.utoronto.ca/landing-page/research</a></td>
<td>• Senior Promotions: <a href="http://www.dfcm.utoronto.ca/senior-promotion">http://www.dfcm.utoronto.ca/senior-promotion</a></td>
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<td>• Education Scholars Program (ES): <a href="http://www.dfcm.utoronto.ca/landing-page/office-education-scholarship">http://www.dfcm.utoronto.ca/landing-page/office-education-scholarship</a></td>
<td></td>
<td>• PMI – CLIME, Physician Management Institute</td>
<td>• Program Director: Paul Krueger (<a href="mailto:Paul.Krueger@utoronto.ca">Paul.Krueger@utoronto.ca</a>)</td>
<td>• Academic Promotion Coordinator: Marie Leverman (<a href="mailto:marie.leverman@utoronto.ca">marie.leverman@utoronto.ca</a>)</td>
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<td>• Academic Fellowship &amp; Graduate Studies: <a href="http://www.dfcm.utoronto.ca/graduate-studies">http://www.dfcm.utoronto.ca/graduate-studies</a></td>
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<td>• Office of Education Scholarship: <a href="http://www.dfcm.utoronto.ca/education-scholarship-dfcm">http://www.dfcm.utoronto.ca/education-scholarship-dfcm</a></td>
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<td>• Quality Improvement (QI): <a href="http://www.dfcm.utoronto.ca/landing-page/quality-improvement">http://www.dfcm.utoronto.ca/landing-page/quality-improvement</a></td>
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<td>• Scholarship BASICS: <a href="http://www.dfcm.utoronto.ca/basics-workshop-series">http://www.dfcm.utoronto.ca/basics-workshop-series</a></td>
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<td>• Wellness &amp; Resilience offerings</td>
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<td>• FMLE (Family Medicine Longitudinal Experience)</td>
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Request for Certificate of Professional Conduct

I, Dr. __________________________ holding CPSO Membership number _________________________ request that the Registrar of the College of Physicians and Surgeons of Ontario issue a Certificate of Professional Conduct to:

Institution or Licensing Body: __________________________________________________________

Attention: __________________________________________________________________________

Street Address: _______________________________________________________________________

City: __________________________ Province/State: __________________________ Postal/Zip Code: ______________________

Country: _____________________________________________________________________________

Telephone: __________________________________________________________________________

Email: _______________________________________________________________________________

Consent for Release of Information

I, Dr. __________________________ a member of the College of Physicians and Surgeons of Ontario,

certify that I have read the request for a Certificate of Professional Conduct and the definition of information to be included in that Certificate, printed on the document of which this Consent forms a part. I understand the nature of the information which will comprise the requested Certificate of Professional Conduct which is outlined at the bottom of this form and I further understand that the College will not release this information further to this request unless I consent to its release and evidence at consent by signing this Consent Form.

I hereby consent to the release of the Certificate of Professional Conduct defined in the document of which this Consent forms a part by the Registrar of the College of Physicians and Surgeons of Ontario and request the Registrar do so. This Consent shall be valid for six months from the day on which I sign it.

Signature: __________________________________________ Date of Signature: __________________________

Mailing Address: _______________________________________________________________________

Telephone: __________________________________________________________________________

Email: _______________________________________________________________________________

Information Provided in a Certificate of Professional Conduct

1. The member's qualifications as known to the College (as recorded on the Register) including date and place of primary medical qualification.
2. The class of certificate of registration held by the member and any terms and conditions attached thereto.
3. The current address of the member as recorded on the Register.
4. The specialty qualifications of the member as recorded on the Register.
5. The history of any previous disciplinary or Fitness to Practise finding as recorded on the Register.
6. The history of any terms and conditions attached to the certificate of registration as recorded on the Register.
7. Whether the member's conduct or fitness to practise is or is not the subject of an inquiry by the Discipline Committee or Fitness to Practise Committee at the time of the issuing of this Certificate.
8. Whether the member has in the six years proceeding the issuance of this Certificate been the subject of proceedings before the Discipline Committee or Fitness to Practise Committee and the outcome of those proceedings.
9. Whether any revocation, suspension, restriction, resignation, relinquishment or rejection of College privileges or appointment reported to the College by a hospital appears in the records of the College.
10. Any other information respecting the member which has been reported to the College and which is deemed by the Registrar to be relevant to the receiving hospital, medical school, regulatory authority or other organization.

Note: The information provided in this Certificate can be furnished to the requesting institution only where the member physician has fully completed and signed the form of consent, which forms part of this document.