



Dear Prospective Faculty,

Re: Teaching Practices (TP)  
Department of Family and Community Medicine (DFCM)  
Faculty of Medicine, University of Toronto

Thank you for your interest in becoming a Teaching Practices Program 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 Teaching Practices 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 Teaching Practice 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/Expiry Date)
3. Evidence of CPSO (current membership/ Expiry Date)
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!



## PROFESSIONAL PROFILE - TEACHING PRACTICES

( 1 ) <i>Personal Information</i>				
Last Name:		First Name:	Initials:	Social Insurance Number:
Home Address:		City :	Province:	Postal code:
Home Telephone Number:		Alternative Number:		E-mail Address:
( )		( )		
Business Address:		City:	Province:	Postal Code:
				Business Telephone Number:
				( )
Date of Birth:		Sex:		
Day	Month	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Citizenship or Immigration Status:				
<input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please specify _____				

( 2 ) <i>Faculty Information</i>	
Member of the College of Family Physicians of Canada (CFPC): (a photocopy of your current membership card is <b>MANDATORY</b> )	
Yes <input type="checkbox"/> No <input type="checkbox"/> Membership Number : _____ Expiry Date: _____ dd/mm/yyyy	
Canadian College of Family Physicians (CCFP) Certification (exams):	
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (If applicable) Year of CCFP Exam Completion: _____	
CPSO Certificate of Registration: (a photocopy of your current CPSO membership card is <b>MANDATORY</b> )	
Yes <input type="checkbox"/> No <input type="checkbox"/> CPSO Number: _____ Expiry Date: _____ dd/mm/yyyy	
What type of CPSO registration will you have if your University appointment begins?	
<input type="checkbox"/> Independent Practice Certificate of Registration <input type="checkbox"/> Certificate of Academic Registration <input type="checkbox"/> Restricted Certificate of Registration <input type="checkbox"/> I don't know	
Canadian Medical Protective Association Membership (CMPA): (a photocopy of your current CMPA card is <b>MANDATORY</b> )	
Yes <input type="checkbox"/> No <input type="checkbox"/> CMPA Number: _____ Expiry Date: _____ dd/mm/yyyy	
Certificate of Professional Conduct:	
<input type="checkbox"/> Yes (a photocopy of your Certificate of Professional Conduct is <b>MANDATORY</b> )	
Have you passed the Certification Exam in Family Medicine (Canada)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Completion of Specialty exams outside of Canada?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the specialties name(s), the country/jurisdiction of recognition or certification and year. Also indicate it was oral or written? _____	
Have you passed Royal College of Physicians and Surgeons of Canada Specialty Exams?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which specialties? _____	
If yes, which certificate was conferred? <input type="checkbox"/> FRCPC <input type="checkbox"/> FRCSC <input type="checkbox"/> None	

**Do you hold, or have you ever held, an academic appointment at the University of Toronto?**

Yes ☐ No ☐ (If yes) Indicate the department, category, rank & activity: \_\_\_\_\_

**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.)

	Year Graduated	Institution
Doctor of Medicine (If applicable)	_____	_____
Family Medicine Residency (if applicable)	_____	_____
Other Residency (please be specific) e.g. 2 year Family Medicine residency, 1 year rotating internship, 4 year Internal Medicine residency.	_____	_____

**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 Director's Signature

\_\_\_\_\_  
Date

Revised: September 2021

Please return via:

**E-mail:** [dfcm.teachingpractices@utoronto.ca](mailto:dfcm.teachingpractices@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]

[First Name Last Name]

[Start – End Dates] [Title/Position], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].  
*Description.*

## 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]*

[First Name Last Name]

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

[First Name Last Name]

LOCAL

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]

[First Name Last Name]

## 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]



[First Name Last Name]

[Start – End Dates] [Title], [Primary Audience], [University Department], [Division], [Institution/ Organization]  
[Description].  
[Impact].

## 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

[First Name Last Name]

## OTHER FUNDING

### 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

[First Name Last Name]

**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**

[First Name Last Name]

**Commentaries**

**Letters to Editor**

**Monographs**

**Multimedia**

**Other Publications**

#### **4. SUBMITTED PUBLICATIONS**

[Same as Peer-Reviewed Publications]

**Journal Articles**

**Case Reports**

**Abstracts**

**Books**

**Books Edited**

**Book Chapters**

**Manuals**

**Editorials**

**Commentaries**

[First Name Last Name]

## Letters to Editor

## Monographs

## Multimedia

## Other Publications

# 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

[First Name Last Name]

### 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]

[Start – End Dates]

**[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].

[First Name Last Name]

**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  
University Department Name

\_\_\_\_\_  
Community Clinic  
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 Teaching Practices Residents and/or Integrated Communities Program PGY2

Candidate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TP Director:

Dr. Erika Catford

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

University Department Chair:

Dr. Danielle Martin

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Family & Community Medicine UNIVERSITY OF TORONTO

## PROFESSIONAL DEVELOPMENT PLAN

### ☒ Teaching Practices

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. Erika Catford
TP Location:		Professional Development	Dr. Alison Appelton aliappelton@gmail.com
Percentage of professional time spent in academic work including teaching in the course of clinical care: <input checked="" type="checkbox"/> Clinical Adjunct Application			

#### DUTIES AND EXPECTATIONS:

Supervise PGY2 family medicine residents during their Teaching Practices rotation.

#### BACKGROUND AND EXPERIENCE:

Clinician in community setting.

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

To develop excellent teaching skills, timely feedback, appreciate generational challenges, value differences in teaching and learning styles, update knowledge in teaching technologies, familiarize oneself with current methods of evaluation, gain experience in delivery of teaching and dealing with cultural differences.

- ☐ **Research:** if interested, would you allow the DFCM to contact you regarding our research program?
- ☐ **Research mentorship:** please email [dfcm.research@utoronto.ca](mailto: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](mailto: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](mailto:hpe.familymed@utoronto.ca)

#### ACTIVITIES TO ACHIEVE GOALS:

Attendance at faculty development workshops relevant to being a community clinician with teaching responsibilities (i.e. Teaching Practice/Integrated Communities Spring Workshop, Regional Workshops and Faculty Development Activities etc.)

#### SUPPORT FOR ACHIEVING GOALS:

Mentorship from existing Faculty, Director and Faculty Development Representative.

#### SCHEDULE:

Variable from year to year.

Revised: September 2021

Signature of Appointee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of TP Program Director: \_\_\_\_\_

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>

#### A) Teaching and Education

- BASICS: <http://www.dfcmm.utoronto.ca/basics-workshop-series>
- FD Stepping Stones: <https://cfd.utoronto.ca/>
- Education Scholars Program (ES): <http://www.dfcmm.utoronto.ca/landing-page/office-education-scholarship>
- Academic Fellowship & Graduate Studies: <http://www.dfcmm.utoronto.ca/graduate-studies>
- Office of Education Scholarship: <http://www.dfcmm.utoronto.ca/education-scholarship-dfcmm>
- Quality Improvement (QI): <http://www.dfcmm.utoronto.ca/landing-page/quality-improvement>
- Scholarship BASICS: <http://www.dfcmm.utoronto.ca/basics-workshop-series>
- Wellness & Resilience offerings
- FMLE (Family Medicine Longitudinal Experience)

#### B) Creative Professional Activity (CPA)

- Participate in committee guideline development
- Contact your FD Lead to discuss

#### C) Leadership and Administration

- Leadership BASICS: <http://www.dfcmm.utoronto.ca/basics-workshop-series>
- NEAL <https://cfd.utoronto.ca/neal>
- PMI – CLIME, Physician Management Institute

#### D) Research

- i2P: <http://www.dfcmm.utoronto.ca/utopian-idea-proposal-course-i2p> (on hold)
- Resources: <http://www.dfcmm.utoronto.ca/landing-page/research>
- Program Director: Paul Krueger ([Paul.Krueger@utoronto.ca](mailto:Paul.Krueger@utoronto.ca))

#### E) Promotions

- Junior Promotions: <http://dfcmm.utoronto.ca/junior-promotion>
- Senior Promotions: <http://www.dfcmm.utoronto.ca/senior-promotion>
- Academic Promotion Coordinator: Marie Leverman ([marie.leverman@utoronto.ca](mailto:marie.leverman@utoronto.ca))

#### F) HPE (Health Professional Educator) Support

HPE website and community of practice: <http://www.dfcmm.utoronto.ca/hpes-dfcmm>



**CPSO**

80 College Street  
Toronto ON M5G 2E2  
www.cpso.on.ca

Membership Services

Email: [membership@cpso.on.ca](mailto:membership@cpso.on.ca)

Fax: (416) 967-2643

Telephone: (416) 967-2673

Toll Free (in Canada): 1-800-268-7096 ext. 673

**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 speciality 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.