



The Foundation for Medical Practice Education
McMaster University
1280 Main Street West, DTC Basement Level
Hamilton, Ontario L8S 4L8
Canada

For further information, please contact The Foundation at:
 Telephone: (905) 525-9140, ext. 22219
 Toll-free: 1-800-661-3249
 Fax: (905) 540-4988
 E-mail: fmpe@mcmaster.ca
 Website: www.fmpe.org

PBSG MEMBERSHIP REGISTRATION FORM

Please complete both sides of this form.

PRACTICE BASED SMALL GROUP (PBSG) LEARNING PROGRAM

Amount Due:

Canada: **CDN\$310.00**

USA/Mexico*: **CDN\$325.00**

International*: **CDN\$340.00**

**includes shipping costs*

Please choose one of the following:

New member Renewing member

Indicate the start date of your group:

January September

Facilitator Name: _____

Date of first attendance at a group meeting: _____

Please call us if you are joining a group already in session, to see if you qualify for a pro-rated membership fee.

Contact Information

Please indicate your language preference: English French Gender: Male Female

Designation: MD MD—Emergency only NP/RN(EC) RN Other _____

PLEASE PRINT

Name: _____

Preferred Mailing Address: home work

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Work Phone: (general) (_____) _____

(private) (_____) _____

Home Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Alternate Mailing Address (optional): home work

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Fax: (_____) _____

E-mail: _____

Payment Information

Cheque enclosed (payable in Canadian funds only to The Foundation for Medical Practice Education)

Visa MasterCard Amount: _____

Card #: _____

Exp.: _____ Signature: _____

The Foundation for Medical Practice Education (FMPE) is committed to protecting the privacy of all individuals (members and non-members) who interact in any way with the FMPE and its Practice-Based Learning Programs. Please go to www.fmpe.org/en/documents/privacy.html for a copy of our privacy policy.

Please contact your provincial chapter of the Canadian Medical Association for information on eligibility for reimbursement.

(please turn over)



The Foundation for Medical Practice Education
We would appreciate your taking the time to complete this form
and fax it to us at 905-540-4988
DEMOGRAPHIC DATA FORM (please print)

Name _____

How did you learn about the Practice Based Learning Programs?

- Brochure Word of mouth Other _____
 Conferences/Workshops CFPC

1. Designation: MD MD—Emergency only NP/RN(EC) RN Other _____

2. From which university did you receive your:

Undergraduate medical training? _____

Postgraduate medical training? _____

Other medical training? _____

3. Year of medical school graduation: _____

4. Year of birth (optional):

- before 1940 1940-1949 1950-1959 1960-1969 1970-1979

5. Years in practice: 1-10 11-20 21-30 >30

6. Certification: CCFP other:

7. Gender: Male Female

8. Population primarily served by your practice (please check one):

- inner city rural
 urban/suburban geographically isolated/remote
 small town other (please describe): _____

9. Clinical hours: full-time part-time

10. Estimated number of clinical hours worked per week _____

11. Types of practice (please check the term from **each** column that best describes your practice):

- | | | |
|---|---|---|
| (a) <input type="checkbox"/> solo <input type="checkbox"/> partnership <input type="checkbox"/> group <input type="checkbox"/> other _____ | (b) <input type="checkbox"/> fee for service <input type="checkbox"/> capitation (e.g. HSO) <input type="checkbox"/> salaried <input type="checkbox"/> other _____ | (c) <input type="checkbox"/> private office <input type="checkbox"/> community clinic <input type="checkbox"/> walk-in clinic <input type="checkbox"/> other _____ |
|---|---|---|

12. Scope of practice (please check any of the following that are regular components of your practice):

- | | | |
|---|---|--|
| <input type="checkbox"/> care of children | <input type="checkbox"/> pregnancy/intrapartum care | <input type="checkbox"/> psychotherapy/counselling |
| <input type="checkbox"/> office procedures | <input type="checkbox"/> palliative care | <input type="checkbox"/> emergency medicine |
| <input type="checkbox"/> in-patient hospital care | <input type="checkbox"/> nursing home care | <input type="checkbox"/> academic teaching |
| <input type="checkbox"/> electronic medical records | <input type="checkbox"/> internet/electronic information system | <input type="checkbox"/> PDA/Palm Pilot |

13. Areas of special interest? _____

14. Interested in CME research? yes no

15. Other CME events you have attended in the past year:

How many hours/year (on average)?

| | none | 1-5 | 6-10 | 11-15 | 16-20 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Local hospital rounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| University accredited CME programs/courses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CFPC Scientific Assemblies—provincial or national | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other conferences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CME programs sponsored by pharmaceutical company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-study programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CME programs on the internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Would you be interested in receiving e-mail notifications regarding our programs/organization? yes no