

**PAYMENT OPTION FOR TRANSITIONING TO PRACTICE**

Physicians who are transitioning from a postgraduate training program to practice can pay their CMPA membership fee in two instalments for up to 6 months from their start date of practice. The transitioning to practice payment option applies only to physicians who are transitioning from a postgraduate training program to practice.

PLEASE PRINT

**Name:**

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

**Your CMPA Member number:****Telephone:**

(HOME)

(BUSINESS)

(EXT)

(CELL)

**Completion date of postgraduate training:**

(MM/DD/YYYY)

**Start date of practice:**

(MM/DD/YYYY)

**Tell us where you will work and what you will be doing:** Please list all provinces/territories where you will work, with corresponding registration/licence number(s) from the provincial/territorial medical regulatory authorities (Colleges), indicating the practising physician type of work (TOW) code that most accurately describes your professional responsibilities in each province/territory.

**1. Province/territory:****Registration/licence #:****Practising physician type of work (TOW) code:****Start date:**

(MM/DD/YYYY)

**End date:**

(MM/DD/YYYY)

**No end date:** **2. Province/territory:****Registration/licence #:****Practising physician type of work (TOW) code:****Start date:**

(MM/DD/YYYY)

**End date:**

(MM/DD/YYYY)

**No end date:** **3. Province/territory:****Registration/licence #:****Practising physician type of work (TOW) code:****Start date:**

(MM/DD/YYYY)

**End date:**

(MM/DD/YYYY)

**No end date:** **YOUR CMPA MEMBERSHIP AND MUTUALITY**

CMPA membership is based on the principles of mutuality. The CMPA provides members – residents, clinical fellows, and practising physicians – with liability protection, advice, and resources to help manage medical-legal risk in clinical practice. In turn, members are expected to practise in a manner that aligns with the ethics and expectations of the profession and the values of the Association (the mutual) as described in its Bylaw.



4. Province/territory: \_\_\_\_\_

Registration/licence #: \_\_\_\_\_

Practising physician type of work (TOW) code: \_\_\_\_\_

Start date: \_\_\_\_\_

(MM/DD/YYYY)

End date: \_\_\_\_\_

(MM/DD/YYYY)

No end date:

If you currently participate in the monthly pre-authorized debit plan, your debits will automatically be adjusted to reflect this payment option and will be confirmed in writing.

Your method of payment must be Pre-Authorized Debit (PAD). More information about PAD s available on our website at [cmpa-acpm.ca](http://cmpa-acpm.ca) > My Membership > Fees and payment > Payment methods.

**Note:** *If your transition period extends into the next calendar year, please call the CMPA at 1-800-267-6522. Should your transition period extend into the next calendar year, your provincial/territorial reimbursement and your CMPA annual receipt for membership fee will be impacted. Any balance owing must be paid in full by the end of your 6-month transition period.*

Signature: \_\_\_\_\_

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

(MM/DD/YYYY)

Please return the completed form to the CMPA by fax, mail or member portal (requires member number and password).

