

**QUESTIONNAIRE FOR CODE 20**  
**Administrative medicine**

This questionnaire is directed to members selecting type of work code 20. In order that we may assess your eligibility for code 20, you must provide us with the following information. Your answers should represent the professional work you do in a calendar year.

PLEASE PRINT

**Name:**

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

**Your CMPA Member number:**

**Effective date:**

(MM/DD/YYYY)

1. Describe in detail the nature and spectrum of your professional work.

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2. Indicate if you are:

**self-employed**  **providing services on a contract basis** , or **an employee**

Please provide the name and brief description of your present employer:

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**YOUR CMPA MEMBERSHIP AND MUTUALITY**

The CMPA provides liability protection for its members who, in turn, 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.

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3. Do you prescribe? If yes, to whom? Please provide details.

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

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

(MM/DD/YYYY)

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

