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QUESTIONNAIRE FOR CODE 31

Clinical associates, Hospitalists, House officers or House medical officers on a Medical/Surgical service

This questionnaire is directed to members selecting type of work code 31. To assess your eligibility for code 31, you must provide the following information:

PLEASE PRINT

Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Your CMPA Member number:

Start date of work:

(MM/DD/YYYY)

1. Name the hospital in which you are working:

Department /Service:

2. If you continue to participate in a clinical assessment program, please indicate the name of the program:

Start date:

(MM/DD/YYYY)

End date:

(MM/DD/YYYY)

3. What types of medical procedures do you perform? (Please list all your clinical activities.)

4. Do you work shifts in the Emergency Department? **Yes** **No**

5. Do you make specialist calls or perform consultations for a specialty service? **Yes** **No**

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.

6. Provide your qualifications:

Canadian or Foreign: _____

Specialty: _____

7. Will you work in an intensive care unit (e.g. ICU, NICU, Cardiac care unit, Critical care unit)? **Yes** **No**

If you answered **yes**, what is your role?

8. Indicate other work you will be performing, if applicable.

9. Do you have a family practice? If yes, please provide any details.

Signature: _____ Date: _____

(MM/DD/YYYY)

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

