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THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

INFORMATION SUBMISSION PURSUANT TO O.R. 241/94 s.17(2)

CONFLICT OF INTEREST

Name of member: _____

College membership no: _____

Facility in which member or member of his/her family has a proprietary interest: _____

If a numbered corporation, name under which facility does business: _____

Location of facility: _____

Nature of ownership interest: _____

Nature of services provided: _____

Method by which patients are notified of interest/ownership: _____

If member of family has proprietary interest:

Name of the family member: _____

Relationship: _____

Nature of ownership interest: _____

The next three questions are non-compulsory

To the best of your knowledge, are there alternative services available in the community: _____

Approximate distance to nearest facility offering comparable services: _____

When you have completed this form, print out then mail, email or fax to:

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80 College Street, Toronto, ON M5G 2E2
Attention: Physician Advisory Services
Email: feedback@cpso.on.ca Fax: 416-967-2666