

Review of Qualifications

Completion of this form is used to determine your eligibility for registration under the provisions in the Health Regulated Professions Act relating to the Agreement on Internal Trade and the College's registration regulations and policies authorizing medical practice in Ontario. Our review of your qualifications does not guarantee that you will be awarded a Certificate of Registration to practice medicine in Ontario. **Note: This form is not intended for physicians wishing to pursue postgraduate training – for these types of inquiries, contact inquiries@cpso.on.ca.**

CPSO Number (if applicable) _____

Surname: _____

First Name(s): _____

Name (as it appears on your Medical Degree, if different from the name provided above):

E-mail Address: _____ Date: _____

Please select:

- Independent Practice Certificate of Registration under the Ontario Regulation 865/93: Registration, **or**
 Application for an Equivalent Certificate of Registration under the Agreement of Internal Trade (AIT), **or**
 Academic Practice Certificate of Registration under the Ontario Regulation 865/93: Registration,
 Specify the rank of your Ontario Academic Appointment: _____, **or**
 Certificate of Registration under one or more of the College's Registration Policies:

If applying to the College's Registration Committee, please specify the Registration Policy that you wish to receive an application package for: _____

Please complete the following:

1. Completion of MD / DO degree:

University: _____

Country: _____ Date of Completion: _____

2. Do you currently hold a full unrestricted undefined licence to practice in another Canadian province or territory?

Yes No (if yes, attach a copy in response)

• Issued by the Province or Territory of: _____

• Expiry date: _____/_____/_____
 Day Month Year

3. Do you currently hold in another Canadian province or territory a full licence with defined practice or any other type of licence that is provisional, special, or limited in any way by scope, location, term, specialty, field of practice, etc?

Yes No (if yes, attach a copy in response)

• Specify the Type of your Out-of-Province Licence: _____

• Issued by the Province or Territory of: _____

• Expiry date: _____/_____/_____
 Day Month Year

4. Successfully Completed Examinations:

MCCEE CFPC NBME
MCCQE1 RCPSC FLEX
MCCQE2 American Board COMLEX-USA (Parts 1, 2, 3)
USMLE (Steps 1, 2, 3) ECOS

From the list above, please specify the exam(s) you intend to take: _____

5. Have you received an official assessment that you are eligible without preconditions to take the College of Family Physicians of Canada examination?

Yes No (if yes, provide a copy of your eligibility letter from the CFPC)

6. Have you received an official assessment that you are eligible to obtain certification without examination by the College of Family Physicians of Canada? Yes No (if yes, provide a copy of your letter from the CFPC confirming your eligibility or certification)

7. Have you received an official assessment that you are eligible without preconditions to take the oral and written examination of the Royal College of Physicians and Surgeons of Canada?

Yes No (if yes, provide a copy of your eligibility letter from the RCPSC)

8. Have you practiced clinical medicine in the past three years or 6 months in the past 5 years? Yes No

9. Briefly describe your proposed scope of practice in Ontario:

10. Are you a Canadian Citizen or Permanent Resident?

Canadian Citizen Permanent Resident No, I will require a work permit

You must also submit an updated copy of your curriculum vitae, which includes at a minimum:

- Undergraduate medical education information and date of graduation
- A listing, in chronological order (month/year) of all your postgraduate training appointments including, durations and level of training in every jurisdiction since graduation
- A listing, in chronological order (month/year) of all your professional appointments and type of practice including names of hospitals and/or clinics, discipline, duration and location (please specify the city, province/state, country)
- A listing of all your previous and current medical licences including type, duration, licence number and jurisdiction
- A listing of specialist and other postgraduate examinations (i.e. Canadian and American) and qualifications
- Any significant gaps in your training and practice history must be explained in the curriculum vitae.

Disclaimer:

I understand that successful completion of this form is used to determine eligibility for licensure and does not guarantee that I will be awarded a Certificate of Registration to practice medicine in Ontario.

Please submit this form, along with a copy of your curriculum vitae and letters (if applicable) to inquiries@cpso.on.ca. Upon receipt, you will receive a response within 3 business days.