

REQUEST FOR EMERITUS STATUS

I, _____ C.P.S.O.# _____
Print Full Name

of _____
Mailing Address

have fully retired from the practice of medicine and I hereby request Emeritus Status with the College of Physicians and Surgeons of Ontario.

In making this application, I understand that a person holding Emeritus Status may not engage in the practice of medicine, including the writing of prescriptions, and that Emeritus Status is annually renewable, subject to the person holding Emeritus Status submitting a renewal application by May 31 of each year.

I further understand that the College of Physicians and Surgeons of Ontario will grant Emeritus Status to me provided,

- I have resigned my membership in the College of Physicians and Surgeons of Ontario,
- I held for at least twenty-five continuous years an Independent Practice certificate of registration or the equivalent licence issued by the College of Physicians and Surgeons of Ontario,
- I am fully retired from the practice of medicine in Ontario and elsewhere,
- I am not in default of payment of any fee to the College of Physicians and Surgeons of Ontario,
- I am not in default of providing to the College of Physicians and Surgeons of Ontario any information required by any Act or regulation,
- I have not had a finding against me of professional misconduct or incompetence entered in the register of the College of Physicians and Surgeons of Ontario,
- I am not currently the subject of proceedings for professional misconduct or incompetence.

Signature Of Physician Requesting Emeritus Status

Date