

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 Canadian Free Trade Agreement and the College's registration regulations and policies authorizing medical practice in Ontario. **Note: This form is not intended for physicians wishing to purpose 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):

Email Address: _____ Date: _____

Please select only one (1):

Independent Practice Certificate of Registration under the Ontario Regulation 965/93: Registration, **or**

Application for an Equivalent Certificate of Registration under the Canadian Free Trade Agreement (CFTA), **or**

Academic Practice Certificate of Registration under the Ontario Regulation 965/93: Registration, **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 for: _____

Please complete the following:

1. Completion of MD/DO Degree

Name of University: _____

Country: _____

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

Yes (attach a copy of your license in response) No

• 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 license that is provisional, special, or limited in any way by scope, location, term, specialty, field of practice, etc.?

Yes (attach a copy of your license in response) No

• Issued by the Province or Territory of: _____

• Expiry date: ____/____/____

4. Successfully Completed (i.e. attempted and passed) Examinations:

- | | | | | | |
|---------------|--------------------------|----------------|--------------------------|--------------------|--------------------------|
| MCCEE | <input type="checkbox"/> | CFPC | <input type="checkbox"/> | NBME | <input type="checkbox"/> |
| MCCQE1 | <input type="checkbox"/> | RCPSC | <input type="checkbox"/> | FLEX | <input type="checkbox"/> |
| MCCQE2 | <input type="checkbox"/> | American Board | <input type="checkbox"/> | COMLEX-USA (1,2,3) | <input type="checkbox"/> |
| USMLE (1,2,3) | <input type="checkbox"/> | ECOS | <input type="checkbox"/> | | |

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

5. Have you obtained certification without examination by the College of Family Physicians of Canada (CFPC)? Yes No

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

7. Have you received an official assessment that you are eligible without preconditions to take the oral and written examination of the CFPC?
 Yes No (if yes, provide a copy of your eligibility letter from the CFPC)

8. Have you received an official assessment that you are eligible without preconditions to take the oral and written examination of the RCPSC?
 Yes No (if yes, provide a copy of your eligibility letter from the RCPSC)

9. Have you practiced clinical medicine in the past two years? Yes No

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

11. Are you a Canadian Citizen or Permanent Resident?

Canadian Citizen Permanent Resident Neither, 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 levels 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 city, province/state, country);
- A listing of all your previous and current medical licenses including type, duration, licence number and jurisdiction;
- A listing of specialist and other postgraduate examinations (i.e. Canadian and American) and qualifications
- An explanation or any significant gaps in your training and practice history.

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 practise 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.

Nov 2018