

80 COLLEGE STREET, TORONTO, CANADA M5G 2E2
FAX: (416)967-2666



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:

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