

INFORMATION SUBMISSION PURSUANT TO O.R. 114/94, 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 two 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, email it to inquiries@cpsso.on.ca, or print and mail to:

College of Physicians and Surgeons of Ontario
80 College Street, Toronto, ON M5G 2E2
Attention: Physician Advisory Services