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QUESTIONNAIRE FOR ADMINISTRATIVE MEDICINE

Type of work code 20

Please note:

- You must maintain an active licence to qualify for this code.
- You must provide us with the following information so we can assess your eligibility for code 20.
- Your answers should represent the professional work you do in a calendar year.

PLEASE PRINT

Name:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

CMPA member number:

Start date:

(MM/DD/YYYY)

End date:

(MM/DD/YYYY)

No end date

1. Will you continue to hold an active licence in Canada?

Yes

No

2. Do you prescribe?

Yes

No

3. Describe in detail the nature and scope of your professional work, as well as any other relevant information (such as taking parental leave, CMPA protection required in order to maintain a licence, etc.):

Signature: _____

Date: _____

(MM/DD/YYYY)

Please return the completed form to the CMPA by fax or member portal (requires member number and password).

YOUR CMPA MEMBERSHIP AND MUTUALITY

The CMPA provides medical liability protection for its members who, in turn, are expected to practise in a manner that aligns with the ethics and expectations of the profession and the values of the Association (the mutual).

END