The College of Physicians & Surgeons of Manitoba

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THIS FORM IS TO BE SUBMITTED THROUGH THE CPSM PORTAL

# Quality Improvement Program Pre-Screening Questionnaire

1. **Year internship/residency completed:** *(*Required)*

   _____
   Y Y Y Y

2. **Type of training:** *(*Required)*

   _____

3. **Please describe your practice/work (field of practice, full or part time, number of hours/week, number of patients/cases per week):** *(*Required)*

   | |
   |---|
   | |

4. **Is your practice/work:** *(*Required)*

   - ◯ **a.** Office based
   - ◯ **b.** Hospital based

5. **How many years have you been in your current practice/work?** *(*Required)* _____

6. **Are you currently on parental leave ?** *(*Required)*

   - ◯ **a.** Yes
   - ◯ **b.** No

7. **Expected date of return:** *(*Required)*

   _____
   D D M M Y Y Y Y

8. **Are you currently on medical leave?** *(*Required)*

   - ◯ **a.** Yes
   - ◯ **b.** No

9. **Expected date of return:** *(*Required)*

   _____
   D D M M Y Y Y Y

10. **Are you retiring from the practice of medicine in the next six months?** *(*Required)*

    - ◯ **a.** Yes
    - ◯ **b.** No

11. **Have you been assessed during the last five years for licensure, certification, or other reasons (i.e., full medical license in Canada, certification by the Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada), or in the past five years have you been the subject of a regulatory college review? Have you done a Practice Learning Plan with the CFPC, or participated in any Section 3: Assessment activities of the RCPSC? If these activities include reflection on your practice and a learning or improvement plan, they may be deemed as meeting the requirements of the Quality Improvement Program.** *(*Required)*

    ◯ **a.** Yes

    ◯ **b.** No

12. **Please provide details including date:** *(*Required)*

13. **Any additional information you would like to provide:**