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CONTINUING PROFESSIONAL DEVELOPMENT

Return Completed form to Kim Hare at khare@cpsm.mb.ca

Regulations require all licensed physicians to participate in Continuing Professional Development (CPD). It is mandatory for all licensed physicians to participate in either The College of Family Physicians of Canada (CFPC) or the Royal College of Physicians & Surgeons of Canada (RCSPC) CPD programs and indicate their enrolment on their licence renewal form. Please complete the relevant section and print your name at the bottom of the page.

AUTHORIZATION FOR RELEASE OF INFORMATION:

If you are currently enrolled with **The College of Family Physicians of Canada Mainpro+** or if you will be enrolling, please complete the following:

To THE COLLEGE OF FAMILY PHYSICIANS OF CANADA:

I _____ hereby authorize The College of Family Physicians of Canada to provide any information relevant to my participation in the Mainpro+ Program, and any information that The College of Physicians & Surgeons of Manitoba may request pertaining to my participation in the Mainpro+ Program.

Signature: _____ Date: _____

This authorization shall continue until revoked by me in writing.

AUTHORIZATION FOR RELEASE OF INFORMATION:

If you are currently enrolled with the **Royal College of Physicians and Surgeons of Canada Maintenance of Certification or Continuing Professional Development** or if you will be enrolling, please complete the following:

To the ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA:

I _____ hereby authorize the Royal College of Physicians and Surgeons of Canada to provide any information relevant to my participation in the Maintenance of Certification/Continuing Professional Development Program, and any information that The College of Physicians & Surgeons of Manitoba may request pertaining to my participation in the Maintenance of Certification/Continuing Professional Development Program.

Signature: _____ Date: _____

This authorization shall continue until revoked by me in writing.

Please be advised that, with your signed consent, the College will acquire your on-going participation information from either CFPC or RCSPC and incorporate it into your record with The College of Physicians & Surgeons of Manitoba. If no consent is provided, for future renewals you will be required to provide this information directly to us on an annual basis.

For more information, contact the College's CPD Coordinator, Kim Hare at 204-774-4344, Ext. 125

Print Last Name: _____ **First Name:** _____

Licence # _____