



## REPORTING FORM FOR CLOSING OR RELOCATING A MEDICAL PRACTICE<sup>1</sup>

Please review the **Closing or Relocating a Medical Practice Checklist** before completing this form (access the form at [cpsm.mb.ca/registration/closing-or-relocating-a-medical-practice](http://cpsm.mb.ca/registration/closing-or-relocating-a-medical-practice)).

Notice of an intention to close or relocate a medical practice must be communicated to CPSM as soon as possible.

Once you have completed the form, submit it to [registration@cpsm.mb.ca](mailto:registration@cpsm.mb.ca).

This is to report that I, \_\_\_\_\_, plan to close or relocate my medical practice at the following practice setting(s)/location(s) on the following date(s):

Please list each affected practice accompanied by the planned date of closure.

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I am relocating the above medical practice(s) to the following practice setting(s)/location(s) that are within Manitoba:

(Note that this section only applies if you are relocating your practice within Manitoba. Please list each new setting/location accompanied by the planned date of relocation.)

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**1. Please confirm you understand that you must notify the following individuals and organizations of your closure or relocation:**

- General notice to patients or their representatives.
- Individual notice to patients or their representatives who have an appointment booked prior to the date of closure/relocation and to patients who call to arrange an appointment prior to the date of closure relocation.

<sup>1</sup> This form is not intended for retirement. If you are retiring, please complete the appropriate form at [cpsm.mb.ca/registration/retirement](http://cpsm.mb.ca/registration/retirement)

- Notice to other registrants sent or routinely sent referrals or consults.
- Any regional health authority where I have privileges.
- Any personal care home at which I practice.
- Manitoba Health, Seniors, and Active Living.
- Doctors Manitoba.
- Canadian Medical Protective Agency (CMPA).

*\* You should use your professional judgment respecting any other person or persons who should receive notice.*

**2. Provide general information about how patients were notified of your closure/relocation:**

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[ ] I have attached a copy of the form of notice provided to patients.

**3. If applicable, describe the arrangements that have been made for the secure storage of the patient records and appointment records:**

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**Contact information regarding patient records from your practice:**

Name or c/o: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

*CPSM may contact you if we have any follow-up questions.*

**4. If you are closing your practice and not relocating it within Manitoba, please provide forwarding contact information:**

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**5. If you are closing your practice and not relocating it within Manitoba, will you be practising in another Canadian province? If yes, please advise which province:**

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