



REPORTING A LEAVE OF ABSENCE

Please review the [Leave of Absence checklist](#) before completing this form (access the form at cpsm.mb.ca/registration/LeaveofAbsence).

Notice of an intention to commence a leave of absence must be communicated to CPSM as soon as possible. If you are involved with the Physician Health Program, the program coordinator can assist registrants in completing the form.

Once the form is complete, submit it to registration@cpsm.mb.ca.

Name: This is to report, I, _____ plan to take a leave of absence.

1. I am taking a leave of absence from:

My entire professional practice

OR

The following practice settings (list the practice setting(s)):

2. While on leave, I intend to maintain my certificate of practice: _____ Yes _____ No

3. While on leave, I intend to continue with:

Clinical administrative work _____ Yes _____ No

Includes important components of continuity of care such as documentation of care, preparing referrals, monitoring consultant, laboratory and diagnostic reports, and oversight of prescribing. Monitoring reports may require follow-up directly with the patient to make sure they are aware and can seek care.

Non-clinical administrative work _____ Yes _____ No

Includes billing, maintenance of patient records, monitoring phone, mail, email and other communications, and other day-to-day administrative and clerical tasks that are part of operating a medical practice. It can also include organizing coverage and alternate care arrangements. When this work relates to the registrant's professional practice, numerous regulatory, ethical, and professional requirements apply; for example, managing conflicts, advertising requirements, and CPSM notice and reporting requirements. However, non-clinical administrative work can generally be done by a non-practicing registrant who does not hold a valid certificate of practice.

Non-clinical medical administration work _____ Yes _____ No

Includes responsibilities for ensuring that a practice environment or setting is safe, appropriate, and sanitary respecting medical care delivered in the practice setting. In group settings, carrying out the responsibilities of the Medical Director, who must be a duly qualified medical practitioner in good standing, would be considered active practice necessitating a valid certificate of practice. This category would also include the practice of independent medical examiners, the Medical Director of a facility, public health physicians not directly involved in patient care, medical administrative aspects of the professional practice of the Dean of the Manitoba Faculty, and other similar practice areas.

4. Leave of absence duration

Start date: _____

End date (if known) or estimate period of absence: _____

5. Reason for leave of absence (e.g. maternity or parental leave, health, education, extended vacation, etc.):

6. Please confirm you understand that you must notify the following of your leave of absence:

- General notice to patients or their representatives
- Individual notice to patients or their representatives who have an appointment booked prior to the date of absence and to patients who call to arrange an appointment prior to the date of absence
- Notice to other registrants sent or routinely sent referrals or consults
- Any regional health authority where you have privileges
- Any personal care home at which you practice
- Manitoba Health, Seniors, and Active Living
- Doctors Manitoba
- Canadian Medical Protective Agency (CMPA)

7. Provide general information about patients have or will be notified of your leave of absence:

- I have attached a copy of the form of notice provided or to be provided to patients.

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

9. Please provide your forwarding contact information:

Mailing Address: _____

Phone Number: _____

Email: _____

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