



## RETIREMENT REPORTING FORM

Please review the [Retirement Checklist](#) before completing this form (access the form at [cpsm.mb.ca/registration/retirement](http://cpsm.mb.ca/registration/retirement)).

Notice of an intention to retire 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).

**Name:** This is to report, I, \_\_\_\_\_  
plan to retire from the practice of medicine effective:

**Retirement Date** \_\_\_\_\_

### 1. Please confirm you understand that you will notify the following of your retirement:

- 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.
- 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 retirement:

---

---

---

---

---

---

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

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

---

---

---

---

---

---

Contact information regarding patient records from your practice:

Name or location: \_\_\_\_\_

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

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

**4. Please provide your forwarding contact information:**

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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