



CHECKLIST REGULATED ASSOCIATE MEMBERS EDUCATIONAL – EXTERNAL OR VISITING CLASS

A. Check off enclosed items:

- Completed Application Form
- Recent Photograph
- Registration Fee \$50 (Payment to be made through the CPSM Portal) *
- Enrollment Fee \$25 (Payment to be made through the CPSM Portal) *
- Medical Identification Number for Canada (MINC) consent form
- Certification by Medical School/Physician Assistant Program. Also see Item B below.
- Evidence/Certificate of Professional Conduct. Please refer to the Notice to Applicants and to Item C below.

* Upon receipt of a Visiting Student application, an invoice will be created, and an email will be sent to you with instructions to sign in and pay. If you do not have a Portal account yet, you will be sent an email with a Username and instructions on setting a password prior to the invoice being sent.

Please note all invoices will be sent to and paid for in the CPSM Portal at <https://member.cpsm.mb.ca>. You can also access this directly from our website at <https://cpsm.mb.ca> and select "Member Login" in the top right corner of any page. *

B.

(1) **Indicate Date Request for Completion of Medical School/Physician Assistant Program form sent.**

If you are unable to include the completed form with your application, you must arrange for the Certification by Medical School/Physician Assistant Program form to be completed with the request that it be returned directly to our office. Please confirm that you have made these arrangements.

Date request sent: _____

OR

(2) **Medical diploma verified by physiciansapply.ca** – Please ensure you have enabled the share function with CPSM



C. Indicate date request for Certificate of Professional Conduct sent to licensing authority, medical school or PA program.

If you are not required to be registered with a licensing authority while a medical or physician assistant student or resident, you must arrange for evidence of good standing to be sent from your University or PA program to the CPSM office. **Please refer to the 'Notice to Applicants'.**

- Certificate of Professional Conduct requested from _____
(name of licensing authority)

Date request sent: _____

OR

- Certificate of Good Standing requested from _____
(name of medical school/PA program)

Date request sent: _____

PLEASE RETURN THIS FORM WITH YOUR APPLICATION