

IMG Membership Registration

Name: _____ MSP Billing # _____
 (Your billing number is needed to process any Compensation from the Division)

E-Mail: _____ College ID # _____

Office Address: _____

City: _____ Fax: _____

Office Phone: _____ Cell: _____

Please indicate your preferred method of contact: ___ Phone ___ Email ___ Fax

Medical School: _____ Residency: _____

Fraser Health Contract: yes / no Hospital Start date: _____

Return of Service: yes / no Call Group: _____

Supervisor: yes / no (if yes) name of Supervisor: _____

Mentor: Contact with mentor: yes / no _____

EXAMS:	COLLEGE DUE DATE:	PLANNED EXAM DATE:	# of Attempts:
LMCC 1			
LMCC 2			
CCFP SOO/SAMP			

Next steps: Connect with Dr. Allison Salter to work for a strategy towards full licensure

Local Educational Resources:

1. Resident Academic Half Day – Amber Taylor, UBC Residency Program
2. LMCC I Preparation – Dr.
3. LMCC II Preparation – Dr. Heather Leyen
4. CCFP SOO/SAMP – Dr. Szezepaniak

Dr. T. Szezepaniak is our exam prep coordinator for resources or assistance with exam prep. She can be reached by cell 604-819-1589 or dr.szezepaniak@live.com

 Signature

 Date

Information gained as a member of the Chilliwack Division of Family Practice, "The Division", will remain confidential. I will not share or reveal any personal information I learn as a member of this organization. I acknowledge and agree that the information in this Membership Registration form is collected to confirm membership in the Division and may be used for the purposes of communicating any information from the Division that is deemed necessary. The information collected will remain the confidential property of the Division and will not be shared with any third parties, with the exception of the Doctors of BC/GPSC which may need membership information in order to assess and allocate the appropriate funding to the Division.