

MEMBERSHIP APPLICATION
PRINCE GEORGE DIVISION OF FAMILY PRACTICE CO-OP (PGDoFP)

Personal Information

Name: _____

Email Address: _____

MSP Number: _____

Home Address:

Unit #: _____ Street Address: _____

City: _____ Postal Code: _____

Practice Information

Clinic Address

Unit #: _____ Street Address: _____

City: _____ Postal Code: _____

Clinic Name: _____

MOA Name(s): _____

MOA Email(s): _____

Phone Numbers:

Cell: _____ Office: _____

Fax: _____ Hotline: _____

Home: _____ Other: _____

Preferred Method of Contact: Cell Phone Text Message Email Office Phone Fax

Professional Information

The type of practice I am currently involved in is:

- Full Service Family Practice
- Emergency Department
- Locum (Family Practice)
- Locum (Emergency Department)
- Practice Coach? Name: _____
- Other: _____

Hospital Privileges?

- Yes
- No

Do Inpatient Care?

- Yes
- No

I would be interested in participating in:

- Inpatient Doctor of the Week Program
- Long-Term Care Initiative Physician Program
- Community UPCC/Nechako Clinic
- Division Board or Committee Member
- Physician Engagement/Communications
- PG DoFP Newsletter (Quarterly)
- Other: _____

Please note that your signature below acknowledges that you will uphold the Memorandum and comply with the Rules, the Regulations and the policies of the PGDoFP; abide by such codes of conduct and ethics adopted by the PGDoFP; further and not hinder the purposes, aims and objectives of the PGDoFP; and subscribe to one time membership share with a par value of \$1.00. Photo release: You may appear in photos taken at member and other events, which may be used in various communications or webpages.

 Signature

 Date

For Office Use Only

PGDoFP Co-Op Share: \$1 received

 mm/dd/yyyy

 Signature

WHAT IS THE PRINCE GEORGE DIVISION OF FAMILY PRACTICE?

A Community of Family Physicians:

- With common goals and the same geographic area.
- Currently discussing/contemplating common issues impacting patient care in our community.
- Interested in working as partners with their health authority and community partners
- Have a practice or participate as a Family Physician providing comprehensive care

WHO IS ELIGIBLE TO JOIN THE DIVISION OF FAMILY PRACTICE?

To be eligible for admission as a Member, a Person must:

- (a) be 19 years of age or older.
 - (b) belong to one or more of the following categories:
 - (i) a general practitioner or family physician duly licensed by, and in good standing with, the College.
 - (ii) a retired general practitioner or family physician in good standing with the College.
 - (iii) a general practitioner or family physician and in good standing with the College.
- or
- (iv) a family medicine resident in good standing with the College; and (c) ordinarily reside or practice within the Area.

- PGDoFP Co-op Rules April 2020

WHY WOULD I WANT TO BE PART OF THE DIVISION OF FAMILY PRACTICE?

Participation in the PGDoFP offers a number of benefits, including:

- Increased job satisfaction through participation in an enhanced and supported professional community of family practitioners
- Increased ability to advocate for the needs of patients and for yourself and your colleagues
- More support from colleagues in caring for complex or unattached patients