The Foundation for Medical Practice Education
McMaster University
1280 Main Street West, DTC Basement Level
Hamilton, Ontario L8S 4L8
Canada

For further information, please contact The Foundation at:
Telephone: (905) 525-9140, ext. 22219
Toll-free: 1-800-661-3249
Fax: (905) 540-4988
E-mail: fmpe@mcmaster.ca
Website: www.fmpe.org

PBIL MEMBERSHIP REGISTRATION FORM

Please complete both sides of this form.

PRACTICE BASED INDIVIDUAL LEARNING (PBIL) PROGRAM

Please choose one of the following:
❑ **New member** ❑ **Renewing member**

Please choose one of the following options:

❑ Option **A**	Within Canada:	CDN$300.00	= all modules published during the year
	Outside Canada*:	CDN$340.00	
	Outside North America*:	CDN$375.00	
❑ Option **B**	Within Canada:	CDN$200.00	= 9 modules from the previous year's list of topics
	Outside Canada*:	CDN$215.00	
	Outside North America*:	CDN$235.00	
❑ Option **C**	Within Canada:	CDN$150.00	= 6 modules from the previous year's list of topics
	Outside Canada*:	CDN$165.00	
	Outside North America*:	CDN$185.00	

**airmail delivery included*

❑ I do not wish to register at this time. Please send me information on your other programs.

*(**If choosing Option B or C,** please submit your completed module order form of available topics along with this membership registration form.)*

Contact Information

Please indicate your language preference: ❑ English ❑ French

Designation: ❑ MD ❑ MD-Emergency only ❑ NP/RN(EC) ❑ RN ❑ Other _____

PLEASE PRINT

Name: _____

Preferred Mailing Address: ❑ home ❑ work _____

_____

_____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Work Phone: (general) (_____) _____

(private) (_____) _____

Home Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Alternate Mailing Address (optional): _____

_____

_____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Fax: (_____) _____

E-mail: _____

Payment Information

❑ Cheque enclosed (payable in Canadian funds only to The Foundation for Medical Practice Education)

❑ Visa ❑ MasterCard Amount: _____

Card #: _____

Exp.: _____ Signature: _____

The Foundation for Medical Practice Education (FMPE) is committed to protecting the privacy of all individuals (members and non-members) who interact in any way with the FMPE and its Practice-Based Learning Programs.
Please go to www.fmpe.org/en/documents/privacy.html for a copy of our privacy policy.

Please contact your provincial chapter of the Canadian Medical Association for information on eligibility for reimbursement.

(please turn over)

The Foundation for Medical Practice Education

We would appreciate your taking the time to complete this form and mail or fax it to us at 905-540-4988

DEMOGRAPHIC DATA FORM (please print)

Name_____

How did you learn about the Practice Based Learning Programs?

❑ Brochure ❑ Word of mouth ❑ Other _____
❑ Conferences/Workshops ❑ CFPC

1. Designation: ❑ MD ❑ MD—Emergency only ❑ NP/RN(EC) ❑ RN ❑ Other _____

2. From which university did you receive your:

Undergraduate medical training? _____

Postgraduate medical training? _____

Other medical training? _____

3. Year of medical school graduation:_____

4. Year of birth (optional):
❑ before 1940 ❑ 1940-1949 ❑ 1950-1959 ❑ 1960-1969 ❑ 1970-1979

5. Years in practice: ❑ 1-10 ❑ 11-20 ❑ 21-30 ❑ >30

6. Certification: ❑ CCFP ❑ other: _____

7. Gender: ❑ Male ❑ Female

8. Population primarily served by your practice (please check one):
❑ inner city ❑ rural
❑ urban/suburban ❑ geographically isolated/remote
❑ small town ❑ other (please describe): _____

9. Clinical hours: ❑ full-time ❑ part-time

10. Estimated number of clinical hours worked per week_____

11. Types of practice (please check the term from **each** column that best describes your practice):

(a)	**(b)**	**(c)**
❑ solo	❑ fee for service	❑ private office
❑ partnership	❑ capitation (e.g. HSO)	❑ community clinic
❑ group	❑ salaried	❑ walk-in clinic
❑ other_____	❑ other_____	❑ other_____

12. Scope of practice (please check any of the following that are regular components of your practice):

❑ care of children	❑ pregnancy/intrapartum care	❑ psychotherapy/counselling
❑ office procedures	❑ palliative care	❑ emergency medicine
❑ in-patient hospital care	❑ nursing home care	❑ academic teaching
❑ electronic medical records	❑ internet/electronic information systems	❑ PDA/Palm Pilot

13. Areas of special interest? _____

14. Interested in CME research? ❑ yes ❑ no

15. Other CME events you have attended in the past year:

	How many hours/year (on average)?				
	none	1-5	6-10	11-15	16-20
Local hospital rounds	❑	❑	❑	❑	❑
University accredited CME programs/courses	❑	❑	❑	❑	❑
CFPC Scientific Assemblies—provincial or national	❑	❑	❑	❑	❑
Other conferences	❑	❑	❑	❑	❑
CME programs sponsored by pharmaceutical company	❑	❑	❑	❑	❑
Self-study programs	❑	❑	❑	❑	❑
CME programs on the internet	❑	❑	❑	❑	❑
Other:_____	❑	❑	❑	❑	❑

16. Would you be interested in receiving e-mail notifications regarding our programs/organization? ❑ yes ❑ no
e-mail address: _____