

1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7
TEL: (204) 774-4344 FAX: (204) 774-0750

November 2018

«Salutation» «First_Name» «Last_Name»
«Address2_Line1»
«Address2_Line2»
«Address2_Line3»
«Address2_City», «Address2_Province» «Address2_Postal_Code»

As you know, CPSM expects that in early 2019, The Medical Act will be repealed and CPSM will be brought under The Regulated Health Professions Act (RHPA) and the CPSM General Regulation. Two of the changes in the RHPA and the CPSM General Regulation that affect physician assistants are the requirements for a Practitioner Profile and participation in a Continuing Professional Development Program.

1. Practitioner Profile

Enclosed is a summary of the requirements under the legislation as they pertain to the Practitioner Profiles and physician assistants. For your convenience, we have enclosed a form for completion. Please return the completed form to our office by **14 December 2018**. You will note that where the information is already known to, or has previously been reported to the College, the information is prepopulated on the form. However, we ask that you review each section and provide any updated or missing information as required.

If you have any questions about the Physician Profile, please contact the CPSM Qualifications Department [Melissa Myers (mmyers@cpsm.mb.ca) or Maxine Miller (mmiller@cpsm.mb.ca)].

2. Continuing Professional Development Program

Enclosed is information with respect to the Continuing Professional Development Program.

If you have any questions about the Continuing Professional Development Program, please contact the CPSM Standards Department [Kim Hare (khare@cpsm.mb.ca) or Carol Chester-McLeod (cchester-mcleod@cpsm.mb.ca)].

Yours sincerely,
**COLLEGE OF PHYSICIANS &
SURGEONS OF MANITOBA**
PER:

ANNA M. ZIOMEK, MD
Registrar/CEO

November 2018

«Salutation» «First_Name» «Last_Name»
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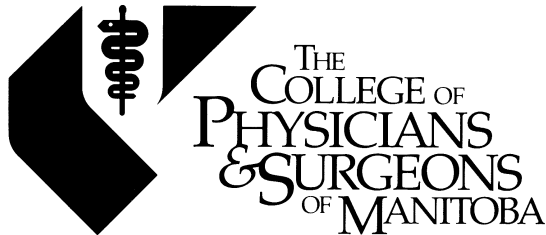
Yours sincerely,

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PER:



ANNA M. ZIOMEK, MD
Registrar/CEO



1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7
TEL: (204) 774-4344 FAX: (204) 774-0750

Regulated associate members who are physician assistants are required to complete a Practitioner Profile Form. The legislation under the Regulated Health Professions Act, CPSM General Regulation, requires that all PHYSICIAN ASSISTANTS provide this information to the College. **Furthermore, members are required to update profile information** by advising the College in writing of any change in the posted profile information within 30 days of the change.

Practitioner Profile Information - Required by Law

(A form will be provided for you to complete. The following is for information only)

- A. Member's current name as/will be shown in the Register of regulated associate members
- B. Date of Initial Registration on the Register.
- C. The physician assistant training program and the year of graduation.
- D. NCCPA certification if the member is a graduate of a PA program in the United States.
- E. Whether the member holds the designation "PA-C"
- F. Whether the member holds a current certificate of practice.
- G. Subject to section 104 of the Regulated Health Professions Act (the Act), any censure accepted by the member under Section 102 of the Act and a notation as to how a description of the circumstances that led to the acceptance of the censure can be obtained from the College if the censure was accepted by the member in the current calendar year or the 10 previous calendar years.
- H. Any voluntary surrender of the member's certificate of practice accepted by the investigation committee of the College if the member has not had his or her certificate of practice reinstated or issued a new certificate of practice
- I. Any undertaking or agreement as specified in CPSM General Regulation s.2.5(1)(g).
- J. Any suspension of the member's registration or certificate of practice other than if the suspension is in effect, information about the provision under which the member is suspended or the reason for the suspension.
- K. Any cancellation of the member's certificate of practice as permitted by sections 48 and 49 of the Act.
- L. Member's Sex. Members are entitled to request in writing that information as to their sex not be included.
- M. Office Telephone Number or Pager Number
- N. Primary Practice Address (Office Address). If the member conducts his or her practice at more than one location as part of a program or department of a health care facility or health care body, the current address of the director of the program or department or the head of the facility or body.
- O. Final disciplinary action taken against the member in any jurisdiction and for any profession in the current calendar year and the 10 previous calendar years.
For each decision reported the member must indicate: (a) if the appeal period has NOT expired, the date on which it will expire and (b) whether an appeal is pending.
- P. Current restrictions, terms or conditions respecting the member's registration or certificate of practice including any geographic or practice restrictions.
- Q. Commencement date of any current interim suspension from the practice of medicine in any jurisdiction
- R. If applicable, current certification by The College of Family Physicians of Canada, The Royal College of Physicians and Surgeons of Canada or a body in a jurisdiction outside Canada which is responsible for certifying specialists or specialty practice.
- S. The date of any medical malpractice court judgment issued by a court in Canada in the current calendar year and the 10 previous calendar years and the name of the court which issued it.
For each decision reported the member must indicate: (a) if the appeal period has NOT expired, the date on which it will expire and (b) whether an appeal is pending.
- T. A description of any conviction for a criminal offence or an offence under any narcotic or controlled substances legislation in any jurisdiction in Canada, or under the laws of a jurisdiction outside Canada of which the member has been convicted in the current calendar year and the 10 previous calendar years.

over...

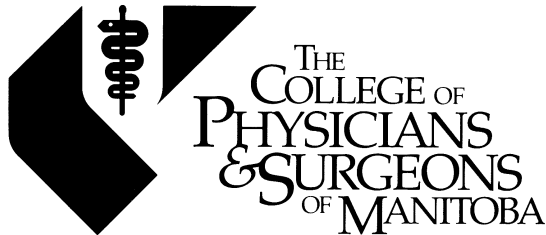
For each decision reported, the member must indicate: (a) if the appeal period has NOT expired, the date on which it will expire and (b) whether an appeal is pending.

- U. if applicable, a notation that a direction to reinstate the member's registration or certificate of practice has been given under Section 50 or 133 of the Act.
- V. the name(s) of the primary supervisor(s)

Practitioner Profile Information - Voluntary Information Not Required by Law

- A. Wheelchair Accessibility to the Office
- B. Languages (other than English) spoken (including American Sign Language) and availability of interpretation
- C. Teaching Responsibilities
- D. Membership in CAPA
- E. If applicable, CCPA designation and the date on which the member completed the Physician Assistant Certification Council of Canada Physician Assistant entry to practice certification examination.

2018



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(A form will be provided for you to complete. The following is for information only)

- A. Member's current name as/will be shown in the Register of regulated associate members
- B. Date of Initial Registration on the Register.
- C. The education or training program from which the member graduated or completed that made him or her eligible for registration as a clinical assistant and the year of graduation or completion.
- D. Whether the member holds a current certificate of practice.
- E. Subject to section 104 of the Regulated Health Professions Act (the Act), any censure accepted by the member under Section 102 of the Act and a notation as to how a description of the circumstances that led to the acceptance of the censure can be obtained from the College if the censure was accepted by the member in the current calendar year or the 10 previous calendar years.
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Practitioner Profile Information - Voluntary Information Not Required by Law

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- B. Languages (other than English) spoken (including American Sign Language) and availability of interpretation
- C. Teaching Responsibilities

2018

Part 1: PRACTITIONER PROFILE INFORMATION – REQUIRED BY LAW

<p>A. MEMBER'S CURRENT NAME AS/WILL BE SHOWN ON THE COLLEGE REGISTER OF REGULATED ASSOCIATE MEMBERS – PHYSICIAN ASSISTANT – FULL CLASS</p> <p style="text-align: center;">«Last_Name», «First_Name»</p>	<p>Complete only if information printed to the left is incomplete or incorrect and provide evidence of current name. If partial change only, please repeat entire name. Please print clearly.</p>
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<p>B. MEMBER'S SEX (CHECK ONE BOX ONLY)</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> I do not wish my sex to appear on the profile (must sign on signature line at right)</p>	<p>Members are entitled to request in writing that information as to their sex not be included on the profile. If you do not wish your sex to appear on the profile, please sign below.</p> <p>_____</p> <p>Signature</p>
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<p>C. ADDRESS IN MANITOBA AT WHICH THE MEMBER WILL PRIMARILY CONDUCT HIS/HER PRACTICE</p> <p>«ADDRESS1_LINE1» «ADDRESS1_LINE2» «ADDRESS1_LINE3» «ADDRESS1_CITY», «ADDRESS1_PROVINCE» «ADDRESS1_POSTAL_CODE»</p>	<p>Please provide the physical/street address of your primary practice location. Please print clearly.</p>
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<p>D. OFFICE TELEPHONE NUMBER OR PAGER NUMBER</p>

<p>E. NAME OF PHYSICIAN ASSISTANT TRAINING PROGRAM FROM WHICH THE MEMBER GRADUATED AND THE YEAR OF GRADUATION</p> <p style="text-align: center;">«GRAD_FACILITY»</p> <p>Year of Graduation: «GRAD_YEAR»</p>	<p>Complete only if the information printed to the left is incomplete or incorrect. If partial change only, please repeat entire name of the Physician Assistant training program and year of graduation. Please print clearly.</p> <p>Name of Physician Assistant Training Program</p> <p>Year of Graduation</p>
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<p>F. DATE OF INITIAL REGISTRATION AS A PHYSICIAN ASSISTANT.</p> <p style="text-align: center;">«DATE_REGISTERED» mm/dd/yyyy</p>
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Please note: It is the responsibility of the member to ensure that all profile information is kept current by submitting changes to the College of Physicians & Surgeons of Manitoba office in a timely manner.

<p>G. THE DATE AND DESCRIPTION OF ANY FINAL DISCIPLINARY ACTION TAKEN AGAINST THE MEMBER IN ANY JURISDICTION AND FOR ANY PROFESSION IN THE CURRENT CALENDAR YEAR AND THE TEN PREVIOUS CALENDAR YEARS.</p> <p>«Disciplinary»</p>	<p>Complete only if the information printed to the left is incomplete or incorrect.</p>
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G1. FOR EACH DECISION REPORTED IN BOX G, REPORT:

a) if the appeal period has NOT expired, the date on which it will expire

b) whether an appeal is pending.

<p>H. CURRENT RESTRICTIONS, TERMS OR CONDITIONS RESPECTING THE MEMBER'S REGISTRATION OR CERTIFICATE OF PRACTICE INCLUDING ANY GEOGRAPHIC OR PRACTICE RESTRICTIONS.</p> <p>«Terms_Conditions»</p>	<p>Complete only if the information printed to the left is incomplete or incorrect .</p>
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<p>I. COMMENCEMENT DATE OF ANY CURRENT INTERIM SUSPENSION FROM THE PRACTICE OF MEDICINE IN ANY JURISDICTION.</p> <p>«Interim_Suspensions»</p>	<p>Complete only if the information printed to the left is incomplete or incorrect .</p>
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<p>J1. CURRENT CERTIFICATION BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA, PA-C),</p>	<p>Graduates of a PA program in the United States must complete the following information.</p>		
	<p>NCCPA</p>	<p><input type="checkbox"/> (Check box, if applicable)</p>	<p>Year ID Number</p>
	<p>PA-C</p>	<p><input type="checkbox"/> (Check box, if applicable)</p>	<p>Year</p>

«Last Name», «First Name»

J2. CURRENT CERTIFICATION BY THE COLLEGE OF FAMILY PHYSICIANS OF CANADA, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA OR A BODY IN A JURISDICTION OUTSIDE CANADA WHICH IS RESPONSIBLE FOR CERTIFYING MEDICAL PRACTITIONERS AS SPECIALISTS	Name of Certifying Body	Country	Area of Certification	Year Certified

K. THE DATE OF ANY MEDICAL MALPRACTICE COURT JUDGMENT ISSUED BY A COURT IN CANADA FOR THE CURRENT CALENDAR YEAR AND THE TEN PREVIOUS CALENDAR YEARS AND THE NAME OF THE COURT WHICH ISSUED IT

Complete only if the information printed to the left is incomplete or incorrect .

«Judgements»

K1. FOR EACH DECISION REPORTED IN BOX L, REPORT:

a) if the appeal period has NOT expired, the date on which it will expire.

b) whether an appeal is pending.

L. DESCRIPTION OF ANY CONVICTION FOR A CRIMINAL OFFENCE OR AN OFFENCE UNDER ANY NARCOTIC OR CONTROLLED SUBSTANCES LEGISLATION IN ANY JURISDICTION IN CANADA OR ELSEWHERE OF WHICH THE MEMBER HAS BEEN CONVICTED IN THE CURRENT CALENDAR YEAR AND THE TEN PREVIOUS CALENDAR YEARS, INCLUDING THE DATE OF CONVICTION AND THE NAME OF THE COURT.

Complete only if the information printed to the left is incomplete or incorrect .

«Convictions»

L1. FOR EACH DECISION REPORTED IN BOX M, REPORT:

a) if the appeal period has NOT expired, the date on which it will expire.

b) whether an appeal is pending.

M. NAME OF PRIMARY SUPERVISOR

«Supervisors»

I declare the foregoing to be true and correct.

Date:

Signature:

PART 2: PRACTITIONER PROFILE INFORMATION
– VOLUNTARY INFORMATION NOT REQUIRED BY LAW

A. WHEELCHAIR ACCESSIBILITY TO THE MEMBER'S OFFICE

___ Yes ___ No

B. LANGUAGES (OTHER THAN ENGLISH) SPOKEN (INCLUDING AMERICAN SIGN LANGUAGE) AND AVAILABILITY OF INTERPRETATION

C. TEACHING RESPONSIBILITIES

D1. FOR GRADUATES OF OTHER THAN A PA PROGRAM IN THE UNITED STATES	NCCPA	<input type="checkbox"/> (Check box, if applicable)	Year
			ID Number
CURRENT CERTIFICATION BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA, PA-C),	PA-C	<input type="checkbox"/> (Check box, if applicable)	Year

D2. MEMBERSHIP IN THE CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS	CAPA Membership	<input type="checkbox"/> (Check box, if applicable)	
CERTIFICATION BY THE PHYSICIAN ASSISTANT CERTIFICATION COUNCIL OF CANADA	CCPA	<input type="checkbox"/> (Check box, if applicable)	Year

Date:

Signature:

**THE COMPLETED FORM MUST BE RECEIVED
 IN THE COLLEGE OFFICE BY DECEMBER 14th, 2018.**

**PLEASE SUBMIT BY EMAIL (MMYERS@CPSM.MB.CA)
 OR MAIL (RETURN ENVELOPE PROVIDED)**

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«Registration_Number»

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<p>I. COMMENCEMENT DATE OF ANY CURRENT INTERIM SUSPENSION FROM THE PRACTICE OF MEDICINE IN ANY JURISDICTION.</p>	
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<p>J. CURRENT CERTIFICATION BY THE COLLEGE OF FAMILY PHYSICIANS OF CANADA, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA OR A BODY IN A JURISDICTION OUTSIDE CANADA WHICH IS RESPONSIBLE FOR CERTIFYING MEDICAL PRACTITIONERS AS SPECIALISTS.</p>	Name of Certifying Body	Country	Area of Certification	Year Certified

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«Judgements»

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- b) whether an appeal is pending.

L. DESCRIPTION OF ANY CONVICTION FOR A CRIMINAL OFFENCE OR AN OFFENCE UNDER ANY NARCOTIC OR CONTROLLED SUBSTANCES LEGISLATION IN ANY JURISDICTION IN CANADA OR ELSEWHERE OF WHICH THE MEMBER HAS BEEN CONVICTED IN THE CURRENT CALENDAR YEAR AND THE TEN PREVIOUS CALENDAR YEARS, INCLUDING THE DATE OF CONVICTION AND THE NAME OF THE COURT.

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«Supervisors»

I declare the foregoing to be true and correct.

Date:

Signature:

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– VOLUNTARY INFORMATION NOT REQUIRED BY LAW

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C. TEACHING RESPONSIBILITIES

Date:

Signature:

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