

# GUIDE

## Practice Eligibility Route to Certification for Specialist



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA

### OVERVIEW AND APPLICATION FORMS

Credentials Unit - *October 2011*

[www.royalcollege.ca](http://www.royalcollege.ca)

## **The new Practice Eligibility Route (PER) to certification for specialist physicians practicing in Canada.**

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PER is a new three step route to certification from the Royal College of Physicians and Surgeons of Canada (the Royal College). The aim of this new route is to remove barriers to certification while maintaining national standards for individuals who are competently practicing specialty medicine in Canada.

PER is intended for international medical graduates and physicians with restricted licenses who are competently practicing specialty medicine in Canada but are not certified by the Royal College. PER will allow a pathway to assessment for individuals who are practicing without certification to be reviewed and measured against Royal College national standards.

Included in this guide is a more detailed description of the PER, eligibility criteria required to apply, a description of step one: the Maintenance of Certification component for PER (MOC PER) and the application forms required to apply for PER and step one MOC PER.

There are two types of examinations/assessment that will be offered. Both routes require an assessment of fundamental knowledge and skills required by all specialists in the field. After meeting credentialing criteria, assessment could occur through Route A which is the standard Royal College certification examination. Route B will be an assessment undertaken through a process of examination, observation and consultation based on a blueprint of competencies deemed essential for practice as a specialist in the discipline.

The first specialties to be assessed have been determined partly by the number of expression of interest forms we received. Examinations in some specialties will take place in 2012 via Route A. Two or three specialties will be piloted via the Route B assessment / examination in 2013 followed by additional specialties in 2014, 2015 and beyond. Route A will continue to be offered for more specialties beyond 2012.

We will be e-mailing periodic e-newsletters with updates on this new process. Please return form A - the expression of interest if you would like to be added to our distribution list. Information is also available our website:

[http://rcpsc.medical.org/residency/certification/per\\_e.php](http://rcpsc.medical.org/residency/certification/per_e.php)

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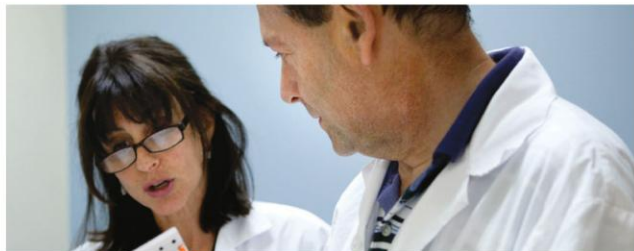
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## INTRODUCTION

## **Royal College certification through PER is a three step process**

### **Step 1 –Maintenance of Certification Component (MOC PER)**

- The MOC PER component is a two year commitment for all applicants even if the applicant is currently enrolled in Royal College MOC program
- This component is tailored to the individual through a MOC PER Learning and Activities Plan
- Upon approval of the submitted MOC PER Learning and Activities Plans registration in the MOC PER is complete and the MOC PER component can begin

#### **IMPORTANT NOTE:**

Applicants must complete one full year of MOC PER before access to the examination/assessment component is granted.

Registration for MOC PER can take place at any time during the year.

### **Step 2 – The Credentials Review**

The credentials review will begin once the Credentials Unit receives the competencies deemed essential for practice by the applicant's Specialty Committee\* of the Royal College. Applicants will be asked to submit further details of practice, and training along with documentation of proof of training and practice.

The credentials review consists of:

- A review of the current scope of practice including feedback from the applicant's Canadian Chief of Staff or other relevant supervisor
- Verification of completion of postgraduate training in the applicant's country of postgraduate medical education training
- Multi-source feedback from patients, colleagues and co-workers
- Proof of a medical license and confirmed Certificate of Professional Standing\*\* from the Medical Regulatory Authority (MRA) in the province or territory of Canadian practice
- The credentials review will take a minimum of 4 months to complete

\*Specialty Committees are established for every specialty and subspecialty recognized by the Royal College. The role of a Specialty Committee is to advise on specialty-specific content issues (e.g., standards, credentials, evaluation and accreditation).

\*\* A Certificate of Professional Standing is a document from the Medical Regulatory Authority (the organization in every province and territory of Canada that issues medical licenses and is responsible for the regulation of the practice of medicine) which certifies that the physician is a member in good standing of the MRA

### **Step 3 – The Examination / Assessment Component**

- Applicants cannot move on to the assessment component until the credentials review is successfully finished and at least one full-year of MOC PER is complete.
- The first assessments will be done in a phased-in pilot approach. Pilot specialties will be largely determined by the expression of interest.

#### **Two examination /assessment routes will be available:**

**Route A** (starting in 2012) – the existing Royal College certification examinations

**OR**

**Route B** (phased-in through 2013 to 2015) – a practice-based examination/assessment which is to be an equally rigorous assessment/examination which may include any of the following, as well as other valid assessment methods:

- In-practice structured oral examinations by trained assessors
- Written examination of fundamental knowledge of the specialty
- Direct observation of practice by trained assessors
- In-practice chart stimulated recall and/or chart reviews by trained assessors
- Review of practice profiles and outcome data by trained assessors

#### **Certification is granted with the completion of:**

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- Completion and validation of two full years of MOC PER
- Successful completion of credentials review
- Success at the specialty certification examination OR the in-practice examination/assessment

#### **Fees (subject to change with each fiscal year)**

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\*MOC Component:

\$390 annual fee (pro-rated based on registration date)

\*Credentials Component:

\$3,375 (one-time fee)

\*Examination / Assessment Component:

Certification examination fee: \$3,570

*or*

In-practice assessment/examination: to be determined

*\*All fees are subject to change.*

## **Requirements to apply for the Practice Eligibility Route (PER) to certification**

The PER is open to all specialists who have been practicing in Canada without Royal College certification for a minimum of two years.

### **In order to be eligible specialists must meet the general criteria below:**

- License to practice in Canada as an independent specialist in a Royal College primary specialty.
- A minimum of five years of active specialist practice\* with the last two years of practice being in a single location in Canada. *Applicants must have practiced in the same location in Canada for two years prior to application and will continue to practice in this location during the duration of the PER assessment program.*
- Completion of all postgraduate medical training requirements of the jurisdiction in which training occurred. Postgraduate training must total a minimum of 48 months: 36 months of postgraduate medical training must be directly related to the specialty applied for; plus an additional 12 months of other postgraduate medical training.
- Eligibility to practice or previous practice as an independent specialist in the country of postgraduate training.
- No more than two (2) unsuccessful attempts at the Royal College certification examination in the primary specialty

\*At the time of registration for step 1: The Maintenance of Certification for Health Care Professionals component (MOC PER), the Royal College allows applicants to have a minimum of four years of active practice, the last two of which must be in Canada as outlined above. This allows applicants to reach five years in practice when starting the second year of tailored two year of the MOC PER component.

### **IMPORTANT NOTE**

The PRACTICE ELIGIBILITY ROUTE (PER) is open to specialists but not subspecialists practicing in Canada without Royal College certification. Certification is only granted in specialties that are recognized by the Royal College

Specialists who have had more than two (2) unsuccessful attempts at the Royal College certification examination are not eligible to enrol in PER

## **Step 1: Maintenance of Certification Component**

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The Maintenance of Certification component for the Practice Eligibility Route to Certification (MOC PER) demonstrates the applicant's commitment to the continuing acquisition of knowledge, skills, attitudes and reflective practice. This component, tailored to the individual via the MOC PER Activities and Learning Plan, is to assess the ability of the applicant to engage in activities that enhance specialty-specific knowledge, skills, attitudes, and performance.

Plans are reviewed and approved by physician members of staff at the Royal College who will provide feedback to the applicant on the MOC PER Learning and Activities Plan to the applicant.

### **Eligibility for MOC PER:**

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Eligibility will be granted if the general PER eligibility criteria is fulfilled, with a particular focus on:

- A minimum of five years of active specialist practice\*
- The last two years of practice must be in continuous practice in a single location in a province or territory of Canada and must continue to practice in this location during the duration of the PER assessment process.
- The majority of the applicant's practice must be in a Royal College recognized primary specialty (not a subspecialty)

\*At the time of registration for the MOC PER component, the Royal College allows applicants to have four years of active practice, the last two of which must be in Canada as outlined above. This allows applicants to reach five years in practice when starting the second year of the tailored two year MOC PER Program.

### **Requirements of the MOC PER Program:**

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- a) Complete a full two year cycle of MOC PER
- b) Satisfactorily complete 80 MOC credits per annum
- c) Engage in both group learning and self learning activities
- d) Submit proof of participation for all group learning activities for validation
- e) Encompass at least one CanMEDS role outside of medical expert in learning activities

### **Cycle dates:**

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The MOC PER component is two full years in length. You will be notified via e-mail once your MOC PER Activities and Learning Plan has been approved, followed by an e-mail acknowledgment of your enrolment into the MOC PER Program. Your two year MOC PER cycle will begin from that day forward.

### **Previous enrolment in MOC Program:**

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Your existing MOC cycle will be closed and a new MOC PER cycle will be created. No credit for prior MOC activity will be given towards the requirements of PER.

### **Payment of fees:**

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The MOC PER fees for 2011 are \$390/year. Your fees for the first year will be prorated depending on your date of enrolment. You will be sent an invoice for the MOC PER Program fees following your registration in the MOC PER Program.

**Please note:** if you are already enrolled in the MOC Program your fees will be transferred to the MOC PER cycle for the current year.

### **Reporting your MOC PER activities:**

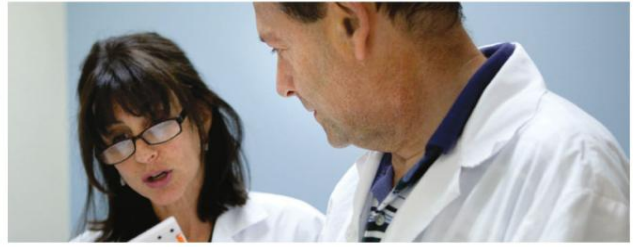
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Applicants must report their MOC PER activities annually through Mainport ([www.mainport.org](http://www.mainport.org)). All continuing professional development activities for the year must be reported by January 31 of the following year.

Applicants will receive feedback at the end of their first year of their MOC PER cycle regarding their progress in meeting the MOC Learning and Activities Plan/Objectives.

### **Additional information available:**

- [PER information page](#)
- [Guide to completing the MOC PER Learning and Activities Plan Application](#)
- [Sample of a completed MOC PER Learning and Activities Plan](#)
- [MOC webpage](#)



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**APPLICATION FORMS**

## **Instructions on applying for the Practice Eligibility Route to Certification (PER)**

1. Complete the following forms

- Form A - Expression of Interest on page 12
- Form B - Disclosure Declaration form on page 14
- Form C - MOC PER Activities and Learning on page 15
- Form D - Declaration of Scope of Practice on page 23
- Form E - Registration form for MOC PER on page 27

2. Submit all five forms to the Credentials unit (contacts below).  
*You will receive an e-mail acknowledging receipt of documents.*

3. The Royal College will review your Maintenance of Certification – Practice Eligibility Route (MOC PER) Learning and Activities Plan  
*You will receive an e-mail with feedback on your Learning and Activities Plan.*

4. You will be registered in the Maintenance of Certification Program.  
*You will receive an e-mail confirming registration in the MOC program.*

### **Applications may be submitted by:**

**Mail:**  
Royal College of Physicians and  
Surgeons of Canada  
Credentials Unit  
774 Echo Dr.  
Ottawa, ON, Canada K1S 5N8

**Fax:** (613) 730-3707

**E-mail:**  
per@royalcollege.ca

**If you are interested in the PER to Certification for Specialists, please complete & return the following application form to the Credentials Unit.**

**IMPORTANT NOTE**

*During the PER application and assessment process, the Royal College will remain in contact with you via e-mail. Due to the high volume of interest in PER, applications will be reviewed in the sequence in which they are received. This process could take several weeks.*

**CONTACT INFORMATION:**

1. Surname: \_\_\_\_\_

2. Given name: \_\_\_\_\_

3. Home address:

\_\_\_\_\_ Apt no. \_\_\_\_\_

City Province/Territory Country Postal Code

( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Telephone Fax

4. E-mail: \_\_\_\_\_  
*(mandatory to submit to participate in the PER Program)*

5. Language:  English  French

**Applications may be submitted to:**

**By Mail:**

Royal College of Physicians and Surgeons of Canada  
Credentials Unit  
774 Echo Dr.  
Ottawa, ON, Canada K1S 5N8

**By Fax:** (613) 730-3707

**Scan & e-mail to:**  
per@royalcollege.ca

**If you have questions on the process or your eligibility to apply information can be found:**

- On our website: [royalcollege.ca](http://royalcollege.ca)
- By phone: 1-800-668-3740 or 613-730-8191
- By e-mail: [per@royalcollege.ca](mailto:per@royalcollege.ca)

**PRACTICE INFORMATION**

6. Specialty: \_\_\_\_\_
7. What date did you start practicing in the specialty listed above(mm/yy)?\_\_\_\_\_
8. What date did you start practicing in Canada (mm/yy)?\_\_\_\_\_
9. Do you also practice in a subspecialty?  **Yes**  **No**
10. Subspecialty:\_\_\_\_\_
11. Have you practiced in a continuous Canadian location for two years prior to applying?  
 **Yes**  **No**
12. Are you aware that you are required to remain in this location during the review process?  
 **Yes**  **No**

**TRAINING INFORMATION**

13. Did you complete all postgraduate medical training requirements of the jurisdiction in which training occurred?  **Yes**  **No**
14. Do you have a minimum of 48 months of postgraduate medical training, at least 36 of which are directly related to the specialty?  **Yes**  **No**

**Certification information**

15. Are you eligible to practice or have you previously practiced as an independent specialist in the country of postgraduate medical training?  **Yes**  **No**
16. Are you aware that you must not have more than two unsuccessful attempts at the Royal College certification examination to be eligible for PER  **Yes**  **No**

**Please check all that apply:**

- I am interested in applying for the PER to Royal College certification.
- I am **not interested** in PER for Royal College certification at this time but please keep me up to date on further developments.



**DISCLOSURE DECLARATION**

All personal, biographical and academic information relating to your maintenance of certification is confidential and is provided for the recognized legitimate use by the officers and staff of the Royal College.

I understand that any misinformation in this application or in any document at any time provided by me in support of my application may lead to refusal of my application or withdrawal of eligibility previously granted.

I agree to abide by the decisions of the Royal College of Physicians and Surgeons of Canada.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please note that documents become the property of the Royal College of Physicians and Surgeons of Canada once they are received.*

**A - Professional Practice Profile**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Location: \_\_\_\_\_

**Size of Community:**

> 500,000	
250,000 – 499,000	
150,000 – 249,000	
< 150,000	

Hospital Privileges: Yes \_\_\_ No \_\_\_

Are you currently registered with the Maintenance of Certification (MOC) program? Yes \_\_\_ No \_\_\_

If yes, please record your Royal College ID Number \_\_\_\_\_

**Do you have internet access at:**

	Yes	No
your home?		
your office?		
your hospital?		

What is your preferred email address? \_\_\_\_\_

**A. 1 - Describing Your Clinical or Laboratory Practice**

Think back over a typical month in your practice and list the most frequent issues (for example clinical conditions you commonly assess or manage in your practice). For each problem or condition please circle the number that best describes your current level of management (see legend).

Level 1	Level 2	Level 3	Level 4			
I will complete an initial assessment and then refer the patient to another specialist.	I will assess and initiate therapy. I only refer the patient if the initial response to therapy is not optimal.	I am comfortable managing most aspects of this problem. I only refer for advice about a specific question or concern.	I am an expert managing this problem in my community. When I refer it is only to another expert in a larger centre.			
Issues or conditions common to my practice			Level of Management			
			1	2	3	4
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please provide a description of the procedures you frequently perform in your practice (if applicable).



## **A. 2 - Description of Other Professional Roles**

The following section may or may not be applicable to you. *Only describe key areas or responsibilities.*

### **Medical Administration**

Please describe any administrative roles or responsibilities you have assumed in your practice.

### **Education**

Please describe any regular teaching responsibilities you have assumed in your practice.

### **Research**

Please describe any areas of research you are leading or participating in as a collaborator.

**Please describe other important roles or responsibilities in your professional practice:**

## **B – Identifying Your MOC PER Learning and Activities Plan**

### **B. 1 - Learning as a Member of a Group:**

Please describe which of the following group CME/MOC activities you are planning to attend in the next 12 – 18 months and estimate the hours you will participate within each category.

#### **a) Hospital Rounds, Journal Clubs, or small group learning activities**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### **b) Courses or Conferences in Canada or outside of Canada**

*(Includes Face- to- face or on-line events)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### **B. 2 - Learning as an Individual**

Over the next 12 - 18 months, describe any topics, questions or issues you are planning to pursue to enhance your knowledge or understanding and /or gain new skills or competencies in the following categories:

#### **a) Clinical, administrative, educational or research practice.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



**b) Describe any procedural, clinical (physical examination) skills you are planning to pursue.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**B.3 - Traineeships**

**a) Describe any traineeships that you are planning to complete in the next 12 – 18 months:**

1. The purpose or objectives: \_\_\_\_\_
2. Your supervisor: \_\_\_\_\_
3. Planned Dates: \_\_\_\_\_

**B. 4 - Assessing Your Practice**

**a) Completing an accredited self-assessment program**

What accredited self-assessment programs are potentially relevant to your practice?

Name of the Accredited Self-Assessment Program	Do you have an opportunity to complete this in the next 12-18 months?

**b) Completing a simulation activity or program**

What simulation activities or programs are available to you in your practice context?

Simulation Activity or Program	Do you have an opportunity to complete this in the next 12-18 months?

**c) Completing an assessment of performance**

What aspects of your performance would be relevant for you to assess?

Area of Practice	Do you have an opportunity to complete this in the next 12-18 months?

### B. 5 - CanMEDS Competencies<sup>1</sup>

Please indicate which CanMEDS Competencies you intend to pursue in the coming 12-18 months as part of your MOC PER Learning and Activities plan. It is important to note that the relevance of an activity to the following CanMEDS competencies

I do not plan to pursue educational activities with respect to this competency.	It is not likely that I will pursue educational activities with respect to this competency.	I will likely pursue educational activities with respect to this competency.	I will definitely pursue educational activities with respect to this competency.
1	2	3	4

		1	2	3	4
1	Communication skills				
2	Time management skills				
3	Practice / Office Management skills				
4	Risk Management				
5	Critical appraisal skills				
6	Teaching skills				
7	Research skills				
8	Leadership skills				
9	Other areas of interest				

<sup>1</sup> CanMEDS

**Medical Expert** As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

**Communicator** As *Communicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

**Collaborator** As *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.

**Manager** As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

**Health Advocate** As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

**Scholar** As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

**Professional** As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

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**Definition of a Scope of Practice:**

1. Every physician’s scope of practice is unique.
2. A physician’s scope of practice is determined by the patients the physician cares for, the procedures performed, the treatment provided, and the practice environment.
3. A physician’s ability to perform competently in his or her scope of practice is determined by the physician’s knowledge, skills and judgment, which are developed through training and experience in that scope of practice.

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**1.** How would you best describe your practice (e.g. general medicine, pain management, vascular surgery, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

**2.** In the chart below, please indicate in which location you see patients, the number of patients seen and the number of hours spent in direct patient contact during a **typical work week**.

Practice Settings	# of patients seen	# hrs spent in direct patient contact
<b>A. OFFICE PRACTICE</b>		
<b>a) Private Office</b>		
<b>b) Health Services Organization (HSO)</b>		
<b>c) Community Health Centre</b>		
<b>d) Walk in Clinic; After Hours Clinic; Urgent Care Setting</b> (e.g. generally no appointments; generally episodic care; non-static patient base)		
<b>e) Academic Teaching Unit</b>		

Practice Settings	# of patients seen	# hrs spent in direct patient contact
<b>B. HOSPITAL</b>		
<b>a) Community Hospital</b>		
> Inpatients		
> Outpatients		
> Emergency		
> Surgical Assist		
> Surgery		
> Hospitalist		
<b>b) Academic/Teaching Hospital</b>		
> Inpatients		
> Outpatients		
> Emergency		
> Surgical Assist		
> Surgery		
> Hospitalist		
<b>C. LONG-TERM CARE FACILITY</b>		
<b>a) Nursing/Retirement Home</b>		
<b>b) Supportive Housing/Assisted Living</b>		
<b>D. OTHER (please specify)</b>		

4. In the community in which you work, do you have:

	Yes	No
<b>a) Access to basic laboratory services (e.g., hemoglobin, urine, blood glucose analyses, etc.)?</b>		
<b>b) Access to advanced laboratory services (e.g., bone density, cardiac stress test, electromyography, etc.)?</b>		
<b>c) Access to basic radiological services?</b>		
<b>d) Access to CT or MRI?</b>		
<b>e) Access to other specialists for referral or consultation?</b>		
<b>f) Regular contact and interaction with physicians in the same discipline in your community?</b>		

4. In a typical week, please estimate the percentage of your patient visits that fall within each of the following categories (*please note that the total should equal 100 percent*)

Category	Percentage of patient visits
<b>NEW CONSULTATIONS/PRE-OPERATIVE MANAGEMENT</b> - New patients or known patients presenting prior to surgical/medical procedures for pre-operative examinations, testing and treatment.	
<b>OPERATIVE PATIENT MANAGEMENT AND PROCEDURES</b> - Providing patients with intra-operative/procedural treatments.	
<b>POST-OPERATIVE MANAGEMENT AND FOLLOW-UP</b> - Patients to whom you provide post operative/post procedural care, which may include follow up of patients with conditions requiring long-term care.	
<b>EMERGENCY MEDICINE MANAGEMENT</b> - Patients to whom you provide care for in the emergency department	
<b>OTHER</b> (Please specify)	

5. Please list a minimum of 10 of the most common conditions/diseases/procedures that you **CURRENTLY** see/perform in your practice.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

**Note:** The information provided is subject to verification by the Royal College.

For Office Use Only



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA

**MOC PROGRAM**  
PER REGISTRATION FORM  
FOR PRACTICE ELIGIBILITY ROUTE APPLICANTS

For Health Care Professionals who are not Fellows of the Royal College.  
All information provided will be added to the Royal College database.

For Office Use Only

Personal Information (This information is used only to confirm identity)

Gender: M  F  Date of Birth: (yyyy/mm/dd)

Language of Preference: English  French

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Last Name: First Name: Initial(s):

Mailing Address:

City: Province:

Postal Code:

Telephone (Personal): Telephone (Business):

Fax Number: E-mail Address:

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Certified: Yes  No

Name of Specialty:

Name of Certifying Board (s) or Organization(s):

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I give consent to publish my name on the Royal College Directory.

Yes  No

Signature: \_\_\_\_\_

Your privacy is important to us. We will not sell or lend your personal information.