PHYSICIAN RE-ENTRY PROGRAM 2007

Application Form

Personal information contained on this form is collected under section 6 of the Ministry of Health and Long-Term Care Act, R.S.O. 1990, c. M.26, and used for the administration of the ministry's Physician Re-Entry Program. More information about the collection and use of this personal information may be obtained from the Manager, Physician Planning Unit, Health Human Resources Policy Planning Branch, , Ministry of Health and Long-Term Care, 56 Wellesley St. West, 12/Floor , Toronto ON , M5S 2S3; phone 416-327-8325.

Ontario

Section A: Applicant Information

Please Print or Type Clearly

Surname _____ Given names _____

Home Address: _____

_____City:_____Prov: _____ Postal:_____

Home Tel#: ( )_____ Cell #:( )_____Fax #:( )_____

Work Address: _____

_____City:_____ Prov:_____ Postal:_____

Work Tel #: ( )_____ Fax #: ( )_____

E-mail: _____

Date of Birth: (Month / Year) _____ **Gender**: ☐ MALE ☐ FEMALE

1. **Are you a Canadian Citizen or landed immigrant?** ☐ YES ☐ NO
   (If you answer is NO, you are not eligible for the Program).

2. **Are you a family physician or general practitioner?** ☐ YES ☐ NO

3. **Are you a specialist?** ☐ YES ☐ NO
   Type of Speciality: _____

4. **Are you currently enrolled in a Re-Entry specialty training in PGY 3 level or higher?**
(If yes, please specify the program name, the university and PGY level of training).

_____

5. **What program are you applying to:** (You can only apply to one program each year).

__ Family Medicine Training (please specify): _____

__ Specialty Training, (please specify type of specialty): _____

__ Community medicine specialty OR _____Masters of Public Health training

__ Subspecialty training, (please specify type of subspecialty): _____

Ontario

6. Have you completed part of the training for the specialty in which you are applying?

☐ YES Briefly list what further training you require to be eligible for any specialty examinations you plan to sit.

_____

☐ NO

7. Which school(s) are you interested in attending?

_____

8. Are you legally entitled to work in Canada? ☐ YES ☐ NO

If accepted into a postgraduate program, would you be able to provide proof of your legal status? ☐ YES ☐ NO

9. Are you eligible for registration with the College of Physicians And Surgeons of Ontario? ☐ YES ☐ NO

(If your answer is NO, you are not eligible for the Program).

10. Do you have current Canadian Certification in Family Practice (CCFP) from the College of Family Physicians of Canada? ☐ YES ☐ NO

11. Do you have current specialty certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) ?

☐ YES ☐ NO

Speciality: _____

12. Currently licensed in: (do not include Educational License)

Province/State	Country	Year	Number

13. Pre-medical Education

University/ College Attended	From D/M/Y	To D/M/Y	Year Graduated	Degree Obtained	Major Field of Study

14. Medical Education

Medical School City Country Degree Year Granted

_____

15. Have you ever previously been enrolled at an Ontario Medical School? ☐ YES ☐ NO

If Yes please provide:

School: _____ Student number: _____

School: _____ Student number: _____

16. Postgraduate Medical Education: (internship, residencies etc.)

(a) Must be completed. Do not refer to curriculum vitae.

Hospital / University	City	From (D/M/Y) to (D/M/Y)	Position Held

Please append pages if more space is needed

(b) Have you ever withdrawn or been required to withdraw from any postgraduate medical training program?

☐ YES When? _____

Please explain _____

_____

☐ NO

(c) Have you ever been disciplined by a University or medical licensing authority?

☐ YES When? _____

Please explain _____

_____

☐ NO

(d) Have you ever had your medical licence or certificate of registration revoked in any jurisdiction?

☐ YES When? _____

Please explain _____

_____

☐ NO

(e) Have you ever had your hospital privileges revoked in any jurisdiction?

☐ YES When? _____

Please explain _____

_____

☐ NO

(f) Has your training been assessed by either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada?

☐ YES When? _____. Please append a copy of this assessment.

☐ NO

(g) Professional Positions Held
Must be completed. Do not refer to curriculum vitae.

Organization	City	From (D/M/Y) to (D/M/Y)	Position Held

Please append pages if more space is needed

(h) Please append a copy of your CV, which should include the following:

- All positions you have held since graduation
- Relevant continuing medical education courses completed (title, length, date)
- Community involvement
- Publications, giving authors, titles, etc.
- Certificates, awards, scholarships, memberships, etc. and the year in which they were obtained.

17. Referees: Name, title, address and telephone number of three individuals whom you have asked to be your referees.

(a) _____

_____

(b) _____

_____

(c) _____

_____

Section B:

The following information is being collected solely for the purposes of program improvement and will not be considered in the review of an applicant's acceptability to the Re-Entry program

Reasons for Re-Training

1. How important is each of the following factors in influencing your decision to seek retraining?

Please use the following scale and circle the appropriate number for each factor.

1	2	3	4	5
Not Important	*Somewhat Important*	*Important*	*Very Important*	*Extremely Important*

A.	Dissatisfaction with current practice	*1*	*2*	*3*	*4*	*5*	*NA*
B.	Changing patient needs	*1*	*2*	*3*	*4*	*5*	*NA*
C.	Ability to meet patient needs	*1*	*2*	*3*	*4*	*5*	*NA*
D.	Inadequate opportunities for CME	*1*	*2*	*3*	*4*	*5*	*NA*
E.	Changing medical technologies and knowledge	*1*	*2*	*3*	*4*	*5*	*NA*
F.	Desire for more varied medical experience	*1*	*2*	*3*	*4*	*5*	*NA*
G.	Desire for changes in practice	*1*	*2*	*3*	*4*	*5*	*NA*
H.	Career opportunities	*1*	*2*	*3*	*4*	*5*	*NA*
I.	Higher future income potential	*1*	*2*	*3*	*4*	*5*	*NA*
J.	Influence of spouse/partner	*1*	*2*	*3*	*4*	*5*	*NA*
K.	Influence of colleagues/friends	*1*	*2*	*3*	*4*	*5*	*NA*
L.	Personal interest/personal development	*1*	*2*	*3*	*4*	*5*	*NA*
M.	Other; *please specify*: _____	*1*	*2*	*3*	*4*	*5*	*NA*
N.	Other; *please specify*: _____	*1*	*2*	*3*	*4*	*5*	*NA*

2. Of the above-mentioned factors, which are the three most important factors that influenced your decision to seek retraining?

Please circle the letter corresponding to the factor from the above list.

Most important factor: *A B C D E F G H I J K L M N*

Second most important factor: *A B C D E F G H I J K L M N*

Third most important factor: *A B C D E F G H I J K L M N*

Intended Practice Location *(Responses to these questions in **no** way represent a final commitment).*

3. Have you decided on the Return-of-Service community where you will practise immediately after re-training as your Return-of-Service commitment? (Physicians accepting re-entry positions are required to sign contracts agreeing to return service in an underserviced community of Ontario according to parameters set out in the MOHLTC return of service contract).

☐ Yes ☐ Probably ☐ No

4. If "Yes" or "Probably", in which geographic region is the Return-of-Service community located?
Please select <u>one</u> of the following geographic regions & provide the name of the community, if known.

☐ Northwestern Ontario _____

☐ Northeastern Ontario _____

☐ Eastern Ontario _____

☐ Central East Ontario _____

☐ Central West Ontario _____

☐ South West Ontario _____

5. How important is each of the following factors in influencing your choice of Return-of-Service community?
Please use the following scale and <u>circle</u> the appropriate number for each factor. (NA = Not Applicable)

1 *Not Important*	2 *Somewhat Important*	3 *Important*	4 *Very Important*	5 *Extremely Important*

A.	Job/career opportunities for spouse/partner	*1*	*2*	*3*	*4*	*5*	*NA*
B.	Quality of education for child(ren)	*1*	*2*	*3*	*4*	*5*	*NA*
C.	Opportunities for CME	*1*	*2*	*3*	*4*	*5*	*NA*
D.	Availability of professional backup	*1*	*2*	*3*	*4*	*5*	*NA*
E.	Availability of hospital facilities/services	*1*	*2*	*3*	*4*	*5*	*NA*
F.	Opportunity for varied medical experiences	*1*	*2*	*3*	*4*	*5*	*NA*
G.	Professional income	*1*	*2*	*3*	*4*	*5*	*NA*
H.	Medical care needs of the community	*1*	*2*	*3*	*4*	*5*	*NA*
I.	Life-style of the community	*1*	*2*	*3*	*4*	*5*	*NA*
J.	Availability of cultural activities	*1*	*2*	*3*	*4*	*5*	*NA*
K.	Availability of recreational activities	*1*	*2*	*3*	*4*	*5*	*NA*
L.	Opportunity for career advancement	*1*	*2*	*3*	*4*	*5*	*NA*
M.	Availability of on-call coverage	*1*	*2*	*3*	*4*	*5*	*NA*
N.	Proximity to extended family/relatives	*1*	*2*	*3*	*4*	*5*	*NA*

O.	Spouse's/partner's contentment in community	*1*	*2*	*3*	*4*	*5*	*NA*
P.	Working relationship with hospital, labs, etc.	*1*	*2*	*3*	*4*	*5*	*NA*
Q.	Working relationships with fellow physicians	*1*	*2*	*3*	*4*	*5*	*NA*
R.	Ability to cope with medical practice and personal life	*1*	*2*	*3*	*4*	*5*	*NA*
S.	Commitment to working in an underserviced area	*1*	*2*	*3*	*4*	*5*	*NA*
T.	Return-of-service commitment	*1*	*2*	*3*	*4*	*5*	*NA*
U.	Other; *please specify:* _____	*1*	*2*	*3*	*4*	*5*	*NA*
V.	Other; *please specify:* _____	*1*	*2*	*3*	*4*	*5*	*NA*

6. Of the above-mentioned factors, which are the three most important factors that have influenced or will influence your choice of Return-of-Service community?

Please circle the letter corresponding to the factor from the above list.

Most important factor: *A B C D E F G H I J K L M N O P Q R S T U*

Second most important factor: *A B C D E F G H I J K L M N O P Q R S T U*

Third most important factor: *A B C D E F G H I J K L M N O P Q R S T U*

(The Ministry of Health and Long Term Care gratefully acknowledges the contribution of questions 18-23, prepared by the Centre for Rural and Northern Health Research, Laurentian University)

Section C: Appendices and Signature

1. **Please append a letter outlining your commitment to the program, commitment to practice in underserviced areas, your career goals and experience.**

2. **Please have your affiliated College of Physicians and Surgeons forward a "*Certificate of Professional Conduct*" directly to the Ministry of Health and Long-Term Care (see below).**

I certify that the information recorded herein is complete and accurate. Any falsified documentation or evidence provided to the Ministry at any time, including after the Return-of-Service Agreement comes into force, may be the basis for dismissal from the program or termination of the agreement. I hereby grant my permission to contact, for further reference any person/institution cited in this application or appendices.

Print Name: _____Date: _____

Signature: _____

Please return completed application form by Friday December 29th, 2006 to:

Program Officer, MOHLTC - Health Human Resources Policy Branch
56 Wellesley St. West, Toronto ON M5S 2S3
Tel: 416.327.8339 Fax: 416.327.0167 E-mail: PPUProgramOfficer@moh.gov.on.ca

Late applications and documents will not be accepted.

Ontario