

PHYSICIAN DATA FORM

Please add me to the CPD database:
Please update my information:

To be included in our database, and receive announcements of upcoming events, complete this form and email to deirdre.harvey@dal.ca, or print and mail/fax to the address at the bottom of the page.

Last Name: _____ **First Name & Initial/s:** _____
Reg/Lic #: _____ **Birthdate (mm/dd/yy):** _____
CFPC **RCPSC** **Gender:** _____ **Banner No:** B00 _____
Community hospital nearest your practice: _____
Year of MD graduation: _____ **School:** _____
 *Dal Med School graduates – see below

PREFERRED MAILING ADDRESS:

Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Email:** _____
Cell: _____

PRACTICE ADDRESS (IF DIFFERENT THAN ABOVE):

Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____

Please note: we will rarely, if ever, contact you via your cell phone. The only current exception is when there is an urgent need to contact a speaker. However, we may use these methods in the event of a pandemic or other crisis.

FIELD OF PRACTICE

Please indicate your primary field with **1** and secondary, if applicable, with **2** (Please note: additional selections cannot be recorded)

Medical Specialties

- _____ Anesthesia
- _____ Cardiology
- _____ Clinical Immunology & Allergy
- _____ Community Medicine
- _____ Dermatology
- _____ Diagnostic & Therapeutic Radiology
- _____ Emergency Medicine
- _____ Endocrinology
- _____ Family Medicine
- _____ Gastroenterology
- _____ General Internal Medicine
- _____ Geriatric Medicine
- _____ Hematology
- _____ Infectious Diseases
- _____ Medical Oncology
- _____ Nephrology
- _____ Neurology

- _____ Nuclear Medicine
- _____ Pediatrics
- _____ Psychiatry
- _____ Physical Med & Rehab
- _____ Radiation Oncology
- _____ Respiratory Medicine
- _____ Rheumatology

Surgical Specialties

- _____ Cardiovascular & Thoracic
- _____ General Surgery
- _____ Neurosurgery
- _____ Obstetrics & Gynecology
- _____ Ophthalmology
- _____ Orthopedic Surgery
- _____ Otolaryngology
- _____ Pediatric General Surgery
- _____ Plastic Surgery

- _____ Thoracic Surgery
- _____ Urology
- _____ Vascular Surgery

Laboratory Specialties

- _____ Anatomical Pathology
- _____ Anatomy
- _____ Biochemistry
- _____ Biophysics
- _____ General Pathology
- _____ Hematological Pathology
- _____ Medical Biochemistry
- _____ Medical Microbiology
- _____ Microbiology
- _____ Neuropathology
- _____ Pharmacology
- _____ Physiology

Dalhousie Medical Graduates ONLY: You may share my contact information with Dalhousie Medical Alumni Association Yes No