

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 cpd@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:** _____

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