

CPRRC – COMMUNITY PHYSICIAN RECRUITMENT & RETENTION

Please complete this form to provide us with more information in order to assist you further with your practice opportunities in west Northumberland County. Please mail or fax this form back to us. Thank you!

Fax: (905) 372-4243 Email: mjbathe@nhh.ca

Are you ready to savour the challenges and opportunities for care that Family Medicine provides?

HOW DID YOU HEAR ABOUT US?

Website _____ MOHLTC _____ PAIRO _____ ROMP _____ Other _____

CONTACT INFORMATION

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Pager: _____

Email: _____

SPECIALTY/SUB SPECIALTY _____

LICENSE

License: _____

IMG Status: _____

a) CFPC _____

b) CPSO _____

c) RCPSC _____

CATEGORY

IMG: _____

Practicing: _____

Resident: _____

Allied Health: _____

Medical Student: _____

INTERESTS

1. Locum/Permanent Opportunities _____

2. IMG Information _____

3. Community Information _____

4. Return of Service Contract _____