

Peer Assessment Committee (PAC) Physician Profile

Name: _____ Year of Birth _____

Contact Address: _____

Practice Address: _____

Office phone number: _____ Home or cell phone: _____

E-mail: _____ ****REQUIRED**

Medical degree from University of _____ Year _____

Year internship/residency completed _____ Field/Specialty: _____

Are you on medical/maternity/sabbatical leave? ___ Expected date of return: _____

Do you plan to retire within the next twelve months? ___ Planned date _____

Please describe your practice (field of practice; full or part time; number of hours/week):

How many years have you been in your current practice? _____

Preferred Language of Correspondence: E F Language of patient charts: E F

Are your patient charts: Paper EMR Name of EMR program: _____

Is your practice primarily: Office-based Hospital-based

Is your practice: Group Solo

(A group practice is one in which there are two or more doctors who share facilities, support staff or other resources)

If you're in a group practice, please briefly describe how resources (staff or equipment) are shared in order to provide patient care:

Do you have residents or other medical students in your practice: Yes No

If yes, how often and for how long:

How many patients/cases do you see in an average week: _____ per _____ hours of work

Do you provide hospital inpatient care? Yes No

If yes, please describe provisions for their care (i.e. hospitalist program or call schedule)

How many hours of formal CPD (lectures, recertification) did you do in the last year? _____

Please describe:

Have you been assessed during the last five-years for licensure, certification, or other reasons (i.e. full medical license in Canada, certification by the Royal College, or College of Family Physicians)? Yes No

If yes, please provide details including date:

My Electronic Signature*

Date: _____

**By placing a check mark in the "My Signature", you verify that the information provided on this questionnaire is correct, true and accurate.*

Thank you for your cooperation with the Peer Assessment Committee.