

**Peer Assessment Committee (PAC) Physician Profile**

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

Gender: M F F E-mail: \_\_\_\_\_ **\*\*REQUIRED**

Contact Address: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Home or cell phone: \_\_\_\_\_

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:

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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)

Total CPD credits reported to your College (CFPC, Royal College) or to your health authority in the last year:

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.**