

CANADIAN POST-M.D. EDUCATION REGISTRY

The Canadian Post-M.D. Education Registry (CAPER) is a national database established for the purpose of compiling accurate and consistent national statistics concerning post-M.D. training in Canada. The identity of individuals to whom the information provided to CAPER relates will be maintained as confidential by CAPER.

ANNUAL STATISTICAL REPORT

FACULTY OF MEDICINE SUPERVISING POST-M.D. TRAINING University of Manitoba

CONTRACT YEAR

PRINT CLEARLY USING BLOCK LETTERS

1. NAME IN WHICH YOU ARE REGISTERED WITH THE FACULTY OF MEDICINE:

SURNAME

GIVEN NAME(S)

NAME AS IT APPEARS ON YOUR MEDICAL DEGREE (M.D. OR EQUIVALENT) IS:
SAME AS ABOVE OR

SURNAME

GIVEN NAME(S)

2. MINC NUMBER CAMD - -

3. DATE OF BIRTH

Day Month Year

4. SEX

MALE

FEMALE

5. LEGAL STATUS IN CANADA (Check one section only)

a. I am a citizen of Canada (if not, complete section 5b)

b. I am a landed immigrant (Permanent resident) I am a citizen of:

I am in Canada on an employment authorization

I am in Canada on a student authorization Enter name of country

Other (refugee claimant, Diplomat, minister's permit) Specify:

6. MEDICAL DEGREE (M.D. or equivalent)

YEAR EARNED:

UNIVERSITY AWARDED MEDICAL DEGREE:

Enter name of university

COUNTRY OF LOCATION OF UNIVERSITY AWARDED MEDICAL DEGREE:

CANADA

USA

OTHER COUNTRY

Enter name of country

7. RETURN FROM PRACTICE (RE-ENTRY)

HAVE YOU ALREADY SPENT ONE YEAR OR MORE IN A UNSUPERVISED MEDICAL PRACTICE IN CANADA IN EITHER PRIVATE PRACTICE OR IN A SALARIED POSITION?

NO

YES

CONT'D (OVER)

CA2020

8. FUNDING

GOVERNMENT DEPARTMENT OR OTHER ORGANIZATION FUNDING YOUR TRAINING POSITION THIS CONTRACT YEAR

REGULAR PROVINCIAL GOVERNMENT FUNDING FOR RESIDENTS IN YOUR PROVINCE OF TRAINING

OTHER FUNDING SOURCE

Name of funding government, department,
organization, agency or medical school

Province or country of location where
funding agency is located

9. YOUR TRAINING PROGRAM TO WHICH THIS CONTRACT APPLIES

CONTRACT DATES
THIS CONTRACT RUNS
FROM:

DAY MONTH YEAR
START DATE

TO:

DAY MONTH YEAR
STOP DATE

TRAINING LEVEL

CHECK YOUR TRAINING LEVEL (RANK) IN THE FAMILY MEDICINE OR SPECIALTY PROGRAM TO WHICH THIS CONTRACT APPLIES

TRAINING FIELD OR
SPECIALTY:
(CHECK ONE ONLY)

FAMILY MEDICINE
SPECIALTY

TRAINING LEVEL:
(CHECK ONE ONLY)

PGY-1

PGY-5

Other

PGY-2

PGY-6

PGY-3

PGY-7

PGY-4

Specify if other
(ie. Fellow)

Specify the name of the Specialty, Subspecialty or AFC

IS THIS YOUR FIRST YEAR OF RESIDENCY TRAINING IN CANADA?

NO

YES

IS THIS AN AFC (AREA OF FOCUSED COMPETENCE) PROGRAM?

NO

YES

IF YOU PARTICIPATED IN THE CaRMS R-1 MATCH THIS YEAR, INDICATE THE SPECIFIC PROGRAM YOU ENTERED. INDICATE THE DISCIPLINE AS WELL AS THE SPECIFIC TRAINING STREAM AND/OR LOCATION (e.g., Memorial University Family Medicine Rural; Université de Montréal Médecine familiale Trois-Rivières.)

ARE YOU ALSO REGISTERED IN THE RCPC CLINICIAN INVESTIGATOR PROGRAM?

NO

YES

INDICATE THE TYPE OF FELLOWSHIP FOR THOSE WHO ARE TRAINING AS FELLOWS. (NOT APPLICABLE FOR RESIDENTS)

CLINICAL

RESEARCH

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