

Manitoba College of Family Physicians (MCFP)



MCFP ABBREVIATED C.V. FORM

INSTRUCTIONS

Complete the form below and click **SUBMIT FORM** button. Please **type** all responses.

SALUTATION	FIRST NAME	MIDDLE NAME	SURNAME
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DEGREE ATTAINED	INSTITUTION	YEAR

OTHER EDUCATION & TRAINING	YEAR

PROFESSIONAL EXPERIENCE TO DATE	YEAR(S)

MEMBERSHIPS AND AFFILIATIONS	YEAR(S)

AWARDS

YEAR

COMMITTEES

YEAR(S)

RESEARCH INVOLVEMENT

Have you participated in the following research activities in the past five (5) years? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Presented or prepared a poster for a conference | <input type="checkbox"/> Applied for a research grant or award |
| <input type="checkbox"/> Supervised a student (B.Sc. Med) | <input type="checkbox"/> Published in a peer-reviewed academic journal. |
| <input type="checkbox"/> Supervised a resident for the QI project | If yes, were you: |
| <input type="checkbox"/> Supervised a resident doing a research project | <input type="checkbox"/> Lead author |
| <input type="checkbox"/> Served as a mentor to other faculty | <input type="checkbox"/> Co-author |
| <input type="checkbox"/> Acted as a peer reviewer for research papers or proposals | <input type="checkbox"/> Contributor |

OTHER INFORMATION

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CONTACT

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