## 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	
DEGREE ATTAINED		INSTITUTION			YEAR
OTHER EDUCATION & TRAINING					YEAR
PROFESSIONAL EXPERIENCE TO DATE					YEAR(S)
MEMBERSHIPS AND AFFILIATIONS				YEAR(S)	



AWARDS	YEAR					
COMMITTEE	VE 4 D/C)					
COMMITTEES	YEAR(S)					
RESEARCH INVOLVEMENT						
Have you participated in the following research activities in the past five (5) years? Check all that apply:						
□ Presented or prepared a poster for a conference □ Applied for a research grant or a	ward					
☐ Supervised a student (B.Sc. Med) ☐ Published in a peer-reviewed acc	ademic journal.					
☐ Supervised a resident for the QI project If yes, were you:						
C						
Co author						
□ Served as a mentor to other faculty □ Contributor						
☐ Acted as a peer reviewer for research papers or proposals ☐ Contributor						
OTHER INFORMATION						

## **CONTACT**

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