

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 _____

CONTRACT YEAR _____

PRINT CLEARLY USING BLOCK LETTERS

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

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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 -

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3. DATE OF BIRTH

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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
Enter name of country _____
- I am in Canada on a student authorization
Specify: _____
- Other (refugee claimant, Diplomat, minister's permit) Specify: _____

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

YEAR EARNED:

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UNIVERSITY AWARDED
MEDICAL DEGREE: _____

Enter name of university

COUNTRY OF LOCATION OF UNIVERSITY
AWARDING 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)

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)

R-1 R-5 Other
 R-2 R-6
 R-3 R-7
 R-4

Specify Specialty

Specify if other

IS THIS YOUR FIRST YEAR OF RESIDENCY TRAINING IN CANADA? NO YES

ARE YOU REGISTERED IN A ROYAL COLLEGE AFC (AREA OF FOCUSED COMPETENCE) OR A
CFPC CAC (CERTIFICATE OF ADDED COMPETENCE) PROGRAM? IF SO, ENTER THE NAME OF THE
PROGRAM BELOW

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

Data Privacy CAPER is committed to the principles of the Personal Information Protection and Electronic Documents Act. To review the CAPER Privacy Policy, contact the CAPER Manager (caper@afmc.ca).