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## Request for Certificate of Professional Conduct

I, Dr.  holding CPSO Membership number   
request that the Registrar of the College of Physicians and Surgeons of Ontario issue a Certificate of Professional Conduct to:

Institution or Licensing Body:

Attention:

Street Address:

City:  Province/State:  Postal/Zip Code:

Country:  Telephone:

Email:

## Consent for Release of Information

I, Dr.  a member of the College of Physicians and Surgeons of Ontario,  
certify that I have read the request for a Certificate of Professional Conduct and the definition of information to be included in that Certificate, printed on the document of which this Consent forms a part. I understand the nature of the information which will comprise the requested Certificate of Professional Conduct which is outlined at the bottom of this form and I further understand that the College will not release this information further to this request unless I consent to its release and evidence at consent by signing this Consent Form.

I hereby consent to the release of the Certificate of Professional Conduct defined in the document of which this Consent forms a part by the Registrar of the College of Physicians and Surgeons of Ontario and request the Registrar do so.

This Consent shall be valid for six months from the day on which I sign it.

Signature:

Date of Signature:

Mailing Address:

Telephone:  Email:

## Information Provided in a Certificate of Professional Conduct

1. The member's qualifications as known to the College (as recorded on the Register) including date and place of primary medical qualification.
2. The class of certificate of registration held by the member and any terms and conditions attached thereto.
3. The current address of the member as recorded on the Register.
4. The speciality qualifications of the member as recorded on the Register.
5. The history of any previous disciplinary or Fitness to Practise findings as recorded on the Register.
6. The history of any terms and conditions attached to the certificate of registration as recorded on the Register.
7. Whether the member's conduct or fitness to practise is or is not the subject of an inquiry by the Discipline Committee or Fitness to Practise Committee at the time of the issuing of this Certificate.
8. Whether the member has in the six years proceeding the issuance of this Certificate been the subject of proceedings before the Discipline Committee or Fitness to Practise Committee and the outcome of those proceedings.
9. Whether any revocation, suspension, restriction, resignation, relinquishment or rejection of privileges or appointment reported to the College by a hospital appears in the records of the College.
10. Any other information respecting the member which has been reported to the College and which is deemed by the Registrar to be relevant to the receiving hospital, medical school, regulatory authority or other organization.

**Note: The information provided in this Certificate can be furnished to the requesting institution only where the member physician has fully completed and signed the form of consent, which forms part of this document.**