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| **More information about the credential can be found on the program website.** |
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**PLI-Academic route requirements:**

* **5** PLI physician leadership courses within the past 5 years
* Minimum 5 years of senior or executive health care leadership experience, demonstrating accomplishments with a focus on the LEADS realms of Develop Coalitions and Systems Transformation, and
* Minimum 20 additional CPD credits from other accredited leadership programs

Please read through completely. You will need to allocate time and planning for your submission. All applicants are required to complete all sections in **typewritten** form only. In addition to this form, you will need to complete a leadership self-assessment and engage three referees — these steps take time and consideration.

Personal information collected on this form will be kept secure and used by the program’s sponsors — Joule Inc., a Canadian Medical Association company, and the Canadian Society of Physician Leaders (CSPL) — only for assessing applications. Where appropriate, Joule and CSPL reserve the right to verify all information provided within this application.

If you have any questions, please contact the CCPE Secretariat at 613 369-8322 x 200 or [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca). We look forward to receiving your application by the October 31, 2018 deadline.

SECTION A: CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Home address: | | | |
| City: | Province: | | Postal code: |
| Email address | | Fax number: | |
| Home telephone: | | Business telephone: | |
| Preferred telephone: □ Home □ Business | | | |
| Preferred mailing address: □ Home *(as above)*  *□* Business *(provide here)* | | | |

SECTION B: MEMBERSHIP

I have an active membership with the:

|  |  |  |
| --- | --- | --- |
| Canadian Medical Association | **Yes □** | **No □** |
| Canadian Society of Physician Leaders | **Yes □** | **No □** |

***Note:*** *You must obtain both a CMA and a CSPL membership before proceeding with this application.*

SECTION C: EDUCATION

1. **Medical education**

|  |  |  |
| --- | --- | --- |
| Medical school: | | |
| Country/province: | Year of graduation: | |
| Licensing college registration number: | | Province: |

1. **Certification**

□ College of Family Physicians of Canada

□ Royal College of Physicians and Surgeons of Canada

|  |
| --- |
| Please indicate specialty: |

1. **Other education**

|  |  |  |
| --- | --- | --- |
| School | Degree/diploma/certificates | Year |
|  |  |  |
|  |  |  |
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1. **PLI physician leadership courses**

The criteria for the PLI-Academic route require completion of 5 PLI physician leadership courses in the past 5 years. *(PLI 2-day open-enrolment and in-house courses qualify. Three of the five PLI courses may be taken online. One-day PLI courses are valued at .5 of a PLI course.)*

|  |  |
| --- | --- |
| **PLI physician leadership course title** | **Year completed** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

1. **Accredited leadership CPD**

In addition to the 5 PLI physician leadership courses you noted above in subsection IV, please list and provide copies of certificates of attendance for each accredited leadership CPD activity. A minimum of 20 CPD credits is required.

|  |  |  |
| --- | --- | --- |
| **Course or Conference Title** | **Number of CPD Credits Granted** | **Year completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | **20** |  |

There are too many to list, but below are a few examples of accredited leadership CPD activities that qualify:

Canadian Conference on Physician Leadership

Schulich Physician Leadership Development Program

Rotman Advanced Health Leadership Program

Physician Management and Leadership Program, Memorial University

Sauder School of Business Physician Leadership Program

DNS Physician Leadership Development Program

Additional PLI courses (beyond the five above)

SECTION D: WORK EXPERIENCE

Please list all positions that you have held in the last 5 years and describe your primary accountability for each. *(Please keep it brief - as your CV can be cross-referenced.)*

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SECTION E: RESUME

All applications must be accompanied by an *up-to-date* resumé. Please provide annotated/abridged versions only. Preferably, your resumé should clearly outline your leadership experience and its progression, ongoing continuing education and key accomplishments. Provide enough detail that members of our panel can make an informed decision.

SECTION F: REFERENCES

Three referees are required for the CCPE assessment process. The referees’ assessments form a crucial component of your application package. These individuals, coming from different perspectives (your direct report, a physician colleague, and someone of your choosing) should provide a balanced view of your candidacy. The referees you select should be able to:

* thoroughly attest to your leadership capabilities (skills, knowledge and ability) as observed in your work environment
* provide concrete examples/evidence of your leadership performance illustrating the 20 leadership capabilities they are rating

**Instructions for your referees:**

Once selected and confirmed, it is **your** **responsibility** to provide referees with your completed self-assessment form and request that your referees complete the Referee Sections (all blue-shaded areas). Instruct them to complete the assessment in the required timeframe and to submit it directly to the CCPE Secretariat*(contact information can be found at the end of this document).* All information received at the Secretariat will be handled in the strictest confidence.

Please give your referees enough lead time to complete their assessments. The **deadline for all application pieces is October 31,** **2018.** (*Please note: A CCPE application will not be considered complete nor proceed to the review stage until all three referee assessments have been received.)*

In the spaces provided below, please identify your three referees. We will track receipt of references and notify you of any delays.

|  |
| --- |
| **1. Name of the individual you currently report to:**  Title:  Organization:  Contact information: |
| **2. Name of physician colleague:**  Title:  Organization:  Contact information: | |
| **3. Name of third referee** (individual of your choosing. Reminder: he/she must be in a position to comment on your leadership capabilities within the domains of “Develop Coalitions” and “Systems Transformation”):  Title:  Organization:  Contact information: | |

SECTION G: JOB/ROLE DESCRIPTION AND ORGANIZATION CHART

Please outline your current role(s)/position(s) and attach your formal position description(s). An organizational chart (or equivalent) with **your position** clearly identified is mandatory.

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SECTION H: SELF- AND REFEREE-ASSESSMENT OF LEADERSHIP CAPABILITIES

Your self-assessment and the referee assessments are based on the leadership capabilities found in the [***LEADS in a Caring Environment*** ***Framework***](https://www.cma.ca/En/Pages/leads-caring-environment.aspx)***.*** Please fill out the 2018 assessment form.

SECTION I: YOUR LEADERSHIP JOURNEY

Where do you see your leadership goals taking you in the next five years *(maximum 300 words)*?

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SECTION J: STATEMENT OF RELEASE, AGREEMENT AND INDEMNIFICATION

Please check (√) boxes, sign and date. In furtherance of this application, I hereby:

□ **Release** Joule and CSPL and their officers, directors, affiliates, agents and employ­ees and the providers of any information about me from any and all liability and agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, actions and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection and evaluation of information and opinions, whether or not requested or solicited, concerning my application for the Canadian Certified Physician Executive (CCPE) credential.

□ **Further represent and warrant** that the information provided on this application is accurate and complete and agree that, if I am certified as a CCPE, I will abide by all policies and rules governing the CCPE credential (as they may be modified from time to time) and that all of the foregoing releases and agreements will remain in effect with respect to any future evalua­tion of my eligibility for ongoing certification (re-certification) as a CCPE.

□ **Attest** to the fact that I am a physician in “good standing” as defined by my provincial licensing body.

|  |  |
| --- | --- |
|  | |
| *SIGNATURE* | *DATE* |

SECTION K: APPLICATION/ASSESSMENT FEE

Fees are required by the October 31st deadline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Credential route** | **Application/Assessment fee** | **Applicable Taxes\*** | **Total\*** |
| PLI -Academic Route | $1050 | xxx | xxx |

\*Taxes and total will be determined automatically when you pay online. For those paying by cheque, fees are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| AB/ BC/ MB/NWT/  YT/ NU/ SK (5%) | ON (13%) | NB/ NL/ NS/ PE (15%) | QC (GST+QST) |
| $1050.00 + $52.50  = **$1102.50** | $1050.00 + $136.50 = **$1186.50** | $1050.00 + $157.50 = **$1207.50** | $1050.00+$52.50+$104.74 = **$1207.24** |

Two methods of payment are available. Please indicate which method you are using:

□ **Cheque enclosed** (Payable to Canadian Society of Physician Leaders c/o CCPE Secretariat); Please include with your application)

□ **Credit Card** (*Visa, MasterCard and AMEX).*

Please go to the program [website](https://joule.cma.ca/en/learn/certification.html) - for details.

Send completed application form, your self-assessment, CV and other requested documentation to [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca). You can also mail your application and associated materials to the address below. *Please keep a copy of your complete application package for your records.* Receipt of your application package will be acknowledged as soon as possible.

***IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE CCPE SECRETARIAT:***

|  |  |
| --- | --- |
| *Untitled-1-01* | **Email:** [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca) |
| *Untitled-1-03* | **Telephone:** 613 369-8322 x200 |
|  |  |
| *Untitled-1-02* | **Mail:**  CCPE Secretariat  Canadian Society of Physician Leaders  875 Carling Avenue, Suite 323  Ottawa ON K1S 5P1 |

CCPE APPLICATION CHECKLIST

Review this checklist to ensure that you have completed all the required sections of the CCPE application and have provided the requested documentation.

**Application**

□ I am a member of CMA and CSPL

□ I have completed all information on pages 1–7

□ I havelisted the names of my three referees and provided accurate contact information

□ I have signed and dated the statement of release, agreement and indemnification (Section K)

□ I have submitted payment with this application/or online

**Accompanying materials enclosed:**  
□ Resumé

□ Self-assessment *(your filled-in portion of the “2018 Assessment form”).*

□ Job description(s) and/or a summary outlining your current role/position

□ Organization chart *(or equivalent)*

□ Copies of Certificate of Attendance *(only required for Section C – V: Leadership CME/CPD Accredited   
 Learning)*