

# Application for Membership

## MEMBERSHIP CATEGORIES

Please check one:

- FELLOW:** Paediatrician or paediatric subspecialist with Canadian or American certification or a temporary license to practice paediatrics in Canada. **Please supply a copy of your current medical license or temporary provincial license.** If you are certified in Canada or the US but living abroad, or if you spend a reduced amount of time practicing paediatrics, please contact us for more information about your membership category.
  - RESIDENT:** Graduate physicians engaged in postgraduate training. **Please have application signed by department head or program director.**
  - CORRESPONDING FELLOW:** Paediatricians who are non-residents of Canada, who have been certified in paediatrics by other than a Canadian or American certifying body. **Must supply a copy of license to practice paediatrics and a letter from national paediatric society with application.**
  - AMERICAN ACADEMY MEMBER:** Paediatrician with American Board certification who is a member of the American Academy of Pediatrics and practicing outside Canada. **Please supply a copy of your American Board certification. Membership to the American Academy of Pediatrics will be verified upon submission.**
  - ASSOCIATE HEALTH CARE PROFESSIONAL:** Open to certified health care professionals who work with children and youth. **Please obtain the sponsoring signatures of two CPS Fellows in good standing and supply a copy of your certification or your license to practice. [Click here for the sponsoring signature form.](#)**
  - ASSOCIATE NURSES:** Open to certified nurses. **Please supply a copy of your nursing license.**
  - ASSOCIATE PHYSICIANS, SURGEONS and DENTISTS:** Open to non-paediatrician physicians, surgeons and dentists. **Please supply a copy of your current medical or dental license.**
  - ASSOCIATE MEDICAL STUDENT:** Open to health profession students enrolled in accredited college or university programs. **Please have application signed by the dean of medicine or registrar of the program.**
- Under exceptional circumstances applicants who do not meet any of the above criteria may apply to join the society. Please contact member services for more information.

## APPLICATION PROCEDURE

Complete and mail this application form with the required fees, a **copy of your certification or medical license** and the **appropriate sponsoring signatures** (if required for your category) to:

Canadian Paediatric Society  
Membership Department  
2305 St. Laurent Blvd  
Ottawa, ON K1G 4J8

You will be notified in writing when your application has been processed.

The Society requires that its members continue to conform to standards of high ethical and professional standing. Thus, if the Society learns that any information stated in your application is false or if circumstances change after the date of application that affect ethical and professional standards, it may be grounds for suspension or revocation of membership.

If you have any questions regarding membership requirements, application approval, benefits or privileges, please contact **CPS Member Services**, by phone at 613-526-9397, ext. 223, by fax at 613-526-3332, or by e-mail at [memberservices@cps.ca](mailto:memberservices@cps.ca)

## TRAINING INFORMATION FOR LICENSED PHYSICIANS AND HEALTH CARE PROFESSIONALS

Please list information on all certifications.

	Year certified	Certifying body (e.g., Royal College, CMQ, American Board)
<b>Paediatrics</b>		
<b>Paediatric subspecialties</b>		
<b>Other subspecialties</b>		
<b>Other certifications (eg., nurse, social worker, etc.)</b>		

Year MD: \_\_\_\_\_

### PROFESSIONAL ACTIVITIES

Profession (please check one):

- Paediatrician   
  Paediatric Resident   
  Resident in other program (Please describe) \_\_\_\_\_  
 Family Doctor   
  Surgeon   
  Dentist   
  Nurse  
 Other health care professional (Please describe) \_\_\_\_\_

Do you practice as a:  General paediatrician   
 Subspecialist   
 Both subspecialist and general paediatrician  
 Administrator   
 Public health professional   
 Researcher   
 Other

Practice Base:

- Academic hospital             
  Community Hospital             
  Office                             
  Other

Activity Status:  Full-time                       Part-time

### ENDORSEMENT FOR MEDICAL STUDENTS and RESIDENTS

Name of University or College: \_\_\_\_\_

Description of Program: \_\_\_\_\_ / Year \_\_\_\_ of a \_\_\_\_ year program

Or for Paediatric Residents:

- R1   
  R2  
 R3   
  R4  
 Subspecialty Fellow in the field of \_\_\_\_\_

Expected completion date of program (MM/DD/YYYY): \_\_\_\_\_

I the undersigned, certify that the applicant is engaged in health profession training, or postgraduate paediatric training at the above mentioned university or college.

\_\_\_\_\_  
 Name: Dean of Program, Department Head, or Program Director (PLEASE PRINT)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## SECTION MEMBERSHIP

Sections allow CPS members with a specific clinical interest to come together. Section members include paediatricians, paediatric subspecialists, residents, and other health care providers.

Sections provide a forum for the discussion of issues pertinent to an area of interest through annual meetings, newsletters, and web pages. Sections educate colleagues by hosting symposia, providing valuable input on Continuing Medical Education (CME) course content and publishing articles in *Paediatrics & Child Health*. Most importantly, they are an important professional network for paediatric specialists in Canada.

To join, check off the appropriate section(s) below. Add the corresponding fee(s) (for period ending December 31) to your membership dues.

<input type="checkbox"/>	Adolescent Medicine.....	\$24	_____	
<input type="checkbox"/>	Allergy.....	\$24	_____	
<input type="checkbox"/>	Community Paediatrics.....	\$29	_____	
<input type="checkbox"/>	Child and Youth Maltreatment.....	\$24	_____	
<input type="checkbox"/>	Developmental Paediatrics.....	\$33	_____	
<input type="checkbox"/>	Global Child & Youth Health.....	\$33	_____	
<input type="checkbox"/>	Hospital Paediatrics.....	\$24	_____	
<input type="checkbox"/>	Neonatal-Perinatal Medicine.....	\$48	_____	
<input type="checkbox"/>	Mental Health.....	\$24	_____	
<input type="checkbox"/>	Paediatric Emergency Medicine .....	\$29	_____	
<input type="checkbox"/>	Paediatric Environmental Health.....	\$24	_____	
<input type="checkbox"/>	Paediatric Oral Health.....	\$24	_____	
<input type="checkbox"/>	Paediatric Sports and Exercise Medicine.....	\$24	_____	
<input type="checkbox"/>	Residents.....	n/c	_____	
<input type="checkbox"/>	Respiratory Health.....	\$24	_____	
				<b>Total ** section fee(s):</b> <input type="text"/>

**Please note that section fees do not apply to Life, Honorary, Emeritus, Resident and Associate Medical Student Members.**

## COMMITTEE MEMBERSHIP

Canadian Paediatric Society members can apply to serve on any of the following committees. Note that the size of committees is limited, and nominations must be approved by the Board of Directors.

- ACCT (Action Committee for Children and Teens)
- Acute Care
- Adolescent Health
- Annual Conference
- Awards
- Bioethics
- Community Paediatrics
- Continuing Professional Development
- Drug Therapy and Hazardous Substances
- Fetus and Newborn
- First Nations, Inuit and Métis Health
- Healthy Active Living and Sports Medicine
- Infectious Disease and Immunization
- Injury Prevention
- Mental Health and Developmental Disabilities
- Nutrition and Gastroenterology
- Paediatric Human Resources Planning Committee
- Public Education Subcommittee

\_\_\_\_\_ **YES**, I am interested in receiving further information about joining a CPS committee.

## APPLICATION FORM

- Dr.  
 Mrs.

- Ms.  
 Mr.

Surname	First Name	Initial	Designation (i.e. MD, RN, PhD, etc.)
<b>Business Address (Name of Company or Hospital)</b>		<b>Home Address</b>	
Department / Division			
City	Province	Postal Code	
City	Province	Postal Code	
Telephone		Telephone	
Fax		Fax	
E-mail		E-mail	

Preferred mailing address:     Business                       Home

Preferred language:             English                       French (when available)

Date of birth: (MM/DD/YYYY) \_\_\_\_\_ Sex:     Male             Female

How did you learn about CPS?

- From a CPS member (please specify) \_\_\_\_\_ (optional)
- CPS mailing
- CPS website
- Paediatrics & Child Health: The CPS journal*
- Attended education event
- Media
- CPS presentation
- Program director
- CPS staff
- Other (please specify) \_\_\_\_\_

The CPS realizes the great importance of protecting the personal information of its members. The Society **does not sell** its mailing list or share it with industry. The Society does occasionally share mailing addresses only for medical research or educational purposes. If you would like your name to be excluded from these lists, please check below.

- Exclude my contact information from these requests (only applicable for the 2012 membership year).

## MEMBERSHIP DUES

Annual Dues for 2012	Member Type	** Amount
	Fellow	\$448
	Corresponding Fellow	\$114
	Resident	\$57
	American Academy Member	\$229
	Associate - Health Care Professional	\$62
	Associate Nurse	\$62
	Associate – Physicians, Surgeons and Dentists	\$167
	Associate – Medical Student	\$24

## PAYMENT OPTIONS

1.  Fee renewal notice to be mailed each fall and membership fees paid by cheque, money order, Visa, MasterCard, or American Express.
  
2.  Automatic annual membership renewal, using Visa, MasterCard or American Express. (If you choose this option, you must advise the CPS Membership Department of any changes to your card number or expiry date.) Each fall the Society will send you notification of the credit card debit.
  - Please automatically renew my membership only.
  - Please automatically renew my membership and section membership(s).

I, the undersigned, hereby make application for admission to the Canadian Paediatric Society under the provisions of the bylaws. I hereby declare that I am not under suspension from a professional licensing authority of any province or territory of Canada or of a licensing authority outside of Canada and that I hold a current license.

I subscribe to the following declaration, that I, the undersigned, do solemnly and sincerely declare that while a member of the Canadian Paediatric Society: I will observe the bylaws; I will support and further the interests and mission of the Society to advance the health of children and youth; I will at all times within my power uphold the dignity and welfare of the Society and its members. I further agree to pay the prescribed fees.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Membership Dues:     \$ \_\_\_\_\_

Or                     \$ \_\_\_\_\_ (pro-rated for \_\_\_\_ months), if joining by \_\_\_\_\_ (date) (Fellows only)

Section Fees             \$ \_\_\_\_\_

\*\* Tax                   \$ \_\_\_\_\_ (\*\*Note: BC = 12% HST; ON, NB & NL = 13% HST; NS = 15% HST; AB, MB, NT, NU, PE, QC, SK & YT = 5% GST)

**Total Amount**             \$ \_\_\_\_\_

Please make cheque or money order payable to the Canadian Paediatric Society or provide credit card information.

- MasterCard        Visa            American Express        Cheque enclosed

Credit Card #:                 Exp. Date:   /

Signature \_\_\_\_\_

**\*Please remember to submit a photocopy of your current medical license or the appropriate sponsoring signatures with your completed application.**

For Office Use Only	
Member Type	
Member ID	
Date Processed	
Batch #	
Transaction #	