

<i>Please Print All Information Requested</i>				
Name:				
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>	
Mailing Address:				
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>Prov.</i>	<i>Postal Code</i>
Telephone: Work () _____ Home () _____ Mobile () _____				
Email: _____				
<u>Physicians:</u>				
Graduate of which Medical School? _____ Date (dd/mmm/yyyy) ____/____/____				
Resident Physician? <input type="checkbox"/> No <input type="checkbox"/> Yes University _____ Residency Program _____				
Certificant in Family Medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes Year _____				
Fellow of the Royal College? <input type="checkbox"/> No <input type="checkbox"/> Yes Year _____				
AHS Zone in which you currently have a medical staff appointment and privileges: _____				
<u>Allied Health Practitioners:</u>				
Nurse Practitioner: <input type="checkbox"/> No <input type="checkbox"/> Yes Physician Assistant: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Purpose of Application: <i>(describe briefly why you are requesting GEMS training)</i>				

NOTE: Completion and submission of this form indicates your agreement to participate in an assessment of the quality and effectiveness of the GEMS Enrichment Training program.

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager of Corporate Services, The Alberta Rural Health Professions Action Plan (RhPAP), 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca