|  |
| --- |
| *CCPE logo wtext_20100317T232328Z* |

**COMPLETION OF THIS RECERTIFICATION APPLICATION IS REQUIRED TO MAINTAIN YOUR CANADIAN CERTIFIED PHYSICIAN EXECUTIVE (CCPE) CREDENTIAL**

Please complete and submit this form before your five-year certification cycle has expired. You will be notified officially of this requirement approximately 9 months before the annual recertification expiration date of June 1. Failure to meet the June 1 deadline will result in your credential being rescinded.

In addition to completing this form, you will be required to submit electronically the following documentation and pay the required recertification fee:

* Up-to-date copy of your CV
* Description of the position you currently occupy
* Letter of attestation from referee *(see page 6 of this form)*

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

If you have any questions, please contact the CCPE Secretariat at 613 369-8322 x200 or [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca)

PART I: REQUIRED INFORMATION

1. 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)* | | | |

1. Memberships

|  |  |  |
| --- | --- | --- |
| I have maintained active membership with the Canadian Medical Association | **Yes □** | **No □** |
| I have maintained active membership with the Canadian Society of Physician Leaders | **Yes □** | **No □** |

***Note:*** *Membership with CMA and CSPL and being in continuous good standing with your provincial/territorial licensing body are conditions of recertification.*

1. Continuing professional leadership development/education

In this section, please identify the CPD and educational activities that support your ongoing development of leadership competencies **in the last five years**. Minimum requirements: Provide evidence of at least 40 CPD credits that support your leadership growth, including attendance at a minimum one Canadian Conference on Physician Leadership.

1. Individual activities (include PLI courses if applicable)

|  |  |
| --- | --- |
| ACTIVITY TITLE and PROVIDER | DATE |
|  |  |
|  |  |
|  |  |
|  |  |

1. Enrolment in degree, certification programs, conferences

|  |  |
| --- | --- |
| PROGRAM(S) and/or CONFERENCES | GRADUATION DATE |
|  |  |
|  |  |

1. Mentoring/coaching

|  |  |  |
| --- | --- | --- |
| I have supported the development of others through mentoring and coaching: | **Yes □** | **No □** |
| Describe this activity. | | |

1. Other activities

Briefly describe any other development activities you would like to profile here.

|  |
| --- |
|  |

D. Work/leadership experience

Cross-referencing your CV, please highlight any changes you have experienced in relation to position, role, and accountabilities, and share any other leadership updates of importance to you.

|  |
| --- |
|  |

E. Recertification fees

Fees are required at the time you submit your recertification application package.

|  |  |
| --- | --- |
| **IMPORTANT DATES** | **RECERTIFICATION APPLICATION FEE** |
| On or before June 1 expiry date | $250 plus applicable taxes\* |

\*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) |
| $250.00 + $12.50 = **$262.50** | $250.00 + $32.50 = **$282.50** | $250.00 + $37.50 = **$287.50** | $250.00+$12.50+$24.94 **$287.44** |

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

|  |
| --- |
|  |

**by cheque** (Payable to the Canadian Society of Physician Leaders c/o CCPE)

|  |
| --- |
|  |

**by credit card**  (*Visa, MasterCard, or American Express)*

Please go to the program [website](https://joule.cma.ca/en/learn/certification.html) to pay fees online.

PART II: LEADERSHIP REFLECTION and ATTESTATION

1. Leadership self-reflection statement

While all leadership capabilities are important, for purposes of recertification we are focusing on the two domains of “Develop Coalitions” and “Systems Transformation” found in the *LEADS* in a Caring Environment Leadership Capabilities framework.

|  |  |  |
| --- | --- | --- |
|  | **DOMAIN:**  **DEVELOP COALITIONS** | **DOMAIN:**  **SYSTEMS TRANSFORMATION** |
| **LEADS CAPABILITIES** | Purposefully build partnerships and networks to achieve results | Demonstrate systems/critical thinking |
| Demonstrate a commitment to customers and service | Encourage and support innovation |
| Mobilize knowledge | Orient oneself strategically to the future |
| Navigate socio-political environments | Champion and orchestrate change |

Describe significant accomplishments you have achieved in the last five years regarding your accountability for these domain areas.

|  |
| --- |
|  |

1. Letter of attestation

A letter of attestation from an *individual you are currently accountable to* is an important piece of your recertification application.

This letter is written to verify the leadership statement you provided above in which you describe your accomplishments in the domain areas of “Develop Coalitions” and “Systems Transformation.” Your attester (referee) is confirming the accuracy of this information and is invited to provide additional comments on your leadership.

It is your responsibility to provide your attester with the form found at the end of this application and to ensure that he or she has ample time to complete and submit ***confidentially and independently*** to the CCPE Secretariat before the deadline date of June 1.

In the space provided below, please identify your attester. We will track receipt and notify you of any delays.

|  |
| --- |
| INDIVIDUAL YOU ARE CURRENTLY ACCOUNTABLE TO:  Name:  Title:  Organization:  Contact information: |

1. Statement of release, agreement, and indemnification

Please check (√) boxes, sign and date. In furtherance of this recertification 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 recertification application for the Canadian Certified Physician Executive (CCPE) credential.

|  |
| --- |
|  |

**Further represent and warrant** that the information provided on this recertification application is accurate and complete and agree that, if I am recertified 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 (recertification) as a CCPE.

|  |
| --- |
|  |

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

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

Send completed recertification application form, CV and other requested documentation, electronically to [deirdre@physicianleaders.ca](mailto:deirdre@physicianleaders.ca) (Please keep a copy for your own records.)

***IF YOU HAVE QUESTIONS, 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 |

|  |  |
| --- | --- |
| **ATTESTER FORM FOR CCPE RECERTIFICATION** | |
| Name: | Title: |
| Email: | Contact telephone number: |
| Relationship to CCPE (*briefly describe your relationship with this physician, how long you have worked together, the nature of the working relationship, etc.):* | |
| I hereby attest that the leadership self-reflection statement provided to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of CCPE)* as a requirement of his/her recertification is true and accurate to the best of my knowledge.  Signature:  Date: | |
| Additional Comments: *(optional)* | |

***THANK YOU!***

*The information you have provided will be handled in the strictest confidence.*

**Please return directly to the CCPE Secretariat at:**

[**deirdre@physicianleaders.ca**](mailto:deirdre@physicianleaders.ca)