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| **More information about the credential can be found at** [**www.ccpecredential.ca**](https://ccpecredential.ca/)**.** |
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**Practice eligibility route requirements:**

* Minimum 10 years of progressive leadership in senior or executive positions with a focus on the LEADS realms of *Developing coalitions* and *Systems transformation*
* Broad and significant leadership contributions
* Good standing with one’s provincial/territorial/applicable licensing body
* A minimum of 2 years’ experience in, or has made meaningful contributions to, the Canadian health care system
* Continuing educational achievements
* Membership in the Canadian Society of Physician Leaders (for the duration of certification)

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 Canadian Society of Physician Leaders (CSPL) solely for assessing applications. Where appropriate, CSPL reserves the right to verify all information provided within this application.

If you have any questions, please contact the CCPE Secretariat at 613 369-8322 x200 (Leave a voicemail) or email Deirdre at deirdre@physicianleaders.ca. We look forward to receiving your application by the October 31, 2020 deadline.

SECTION A: CONTACT INFORMATION

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| 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

[ ]  You must have an active membership with the [Canadian Society of Physician Leaders](https://www.physicianleaders.ca/).

SECTION C: EDUCATION

1. **Medical education**

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| 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

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| Please indicate specialty:  |

1. **Other education**

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| School / Program | Degree/diploma/certificates | Year |
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**IV. Continuing education/professional development**

List relevant educational experience acquired in the area of leadership *(Please limit to 150 words maximum).*

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SECTION D: WORK EXPERIENCE

Please list all positions that you have held in the last 10 years and describe your primary accountability for each. *(Please keep it brief - your CV will 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. 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 grey-shaded areas). Send us your completed forms but please ***remove*** the self-grades before forwarding them to your referees. 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,** **2020.** (*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.

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| **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 or she need not be a physician but 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). **Organizational chart(s)** (or equivalent) with **your position(s)** clearly identified are mandatory.

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

Your self-assessment and the referee assessment are based on the leadership capabilities found in the [LEADS in a Caring Environment Framework](https://leadscanada.net/document/2906/LEADS_Brochure_revised_2019.pdf).Please complete the 2020 assessment form, then forward to your three referees.

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** 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 (recertification) as a CCPE.

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

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| *SIGNATURE* | *DATE* |

SECTION K: APPLICATION/ASSESSMENT FEE

Upon receipt of your first application materials, we will send you an online invoice with payment due by October 31st (Visa, Mastercard, Amex). The fee is $1050 plus applicable provincial or territorial taxes.

You may also pay by cheque. Please address to “Canadian Society of Physician Leaders” and mail to the address below.

Send your completed application form, self-assessment, CV and other requested documentation to 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:***

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| *Untitled-1-01* | **Email:** deirdre@physicianleaders.ca  |
| *Untitled-1-03* | **Telephone:** 613 369-8322 x200 (Please leave a voice mail) |
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| *Untitled-1-02* | **Mail:**CCPE SecretariatCanadian Society of Physician Leaders875 Carling Avenue, Suite 323Ottawa 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 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 J)

□ I have submitted payment with this application or online

**Accompanying materials enclosed:**
□ Resumé

□ Self-assessment *(your completed 2020 Assessment form)*

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

□ Organization chart(s) *(or equivalent)*