



Date (dd/mm/yy): ____/____/____

CONFIRMATION
Medical Foundations 1 or 2 Horizontal Community
Physician Experience

Duration: Block 1: September 21, 2009 to October 30, 2009
Block 2: November 2, 2009 to December 11, 2009
Block 3: January 4, 2010 to February 12, 2010

Please verify your information and complete empty fields.

A. Physician Information

(First Name)

(Middle Name)

(Last Name)

(McMaster Employee No.)

Where did you complete your Residency? _____ Year of Graduation _____ Gender: _____

B. Practice Information

(Name of Practice)

(Unit #) (Street Name)

(City)

(Province)

(Postal Code)

(Telephone Number)

(Alternative Telephone Number)

(Fax Number)

(Pager Number)

(Email Address)

Type of Practice (may choose more than one): Solo Group Clinic Weekend Clinic Walk-in Clinic

Hospital Privileges: Yes No Name of Hospital (if applicable): _____

Sub-specialty: OB/GYN Palliative Care/Care of Elderly Pediatrics Other (please specify) _____

Is this location accessible by public transit? Yes No

Is it mandatory for the student to have their own car? Yes No

Please continue to the next page...

C. Teaching Information

Do you wish to take an MF1/MF2 Student this year? Yes No

If Yes:

How many students?

- Block 1 (6 weeks) _____
- Block 2 (6 weeks) _____
- Block 3 (6 weeks) _____
- Block 1 & 2 (12 weeks) _____
- Block 2 & 3 (12 weeks) _____

Block 1: September 21, 2009 to October 30, 2009

Block 2: November 2, 2009 to December 11, 2009

Block 3: January 4, 2010 to February 12, 2010

If No:

Would you consider taking an MF1/MF2 students in future years?

- Yes
- No
- Maybe

Other Teaching Opportunities:

Would you consider taking elective students this year?

- Yes
- No
- Maybe

Would you consider being a tutor for clerks?

- Yes
- No
- Maybe

Would you consider being a clinical preceptor for clerks?

- Yes
- No
- Maybe

Preferred Method of Contact: _____

D. Comments

*Please fax information back to the Department of Family Medicine attention Leanne Laing.
You will be notified of your match by mid September.
Thank you for your co-operation!*