



Application to Hastings County Family Physician Recruitment Program

Name:

Address:

Email address:

Phone:

CPSO number:

Medical school:

Current year/completed:

Residency school/program:

Current year/completed:

If currently practicing family medicine, where are you practicing?

How long have you been practicing there?

Are you licensed to practice family medicine in Ontario?

What is your expected date (month-year) to be able to begin practicing in Hastings County:

Are you currently or have you ever signed a return-of-service agreement with another municipality, province, armed forces or other? If so, please provide details.

Checklist of items to provide (email to John Nicholas at nicholasj@hastingscounty.com):

- ✓ Current copy of CV
- ✓ This application form
- ✓ Proof of enrollment in Canadian Medical School/Residency Program
- ✓ Tour of Hastings County clinic(s)
- ✓ Proof of license to practice family medicine in Ontario

Signature:

Date:

Any information that is not accurate will result in ineligibility under our program.