|  |
| --- |
|  |

**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 7 months before the July 1 recertification deadline. Once recertified, your CCPE status will become permanent. Please notify us if you choose not to renew.

In addition to completing and returning 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(s) you currently occupy
* Send a copy of the completed application to your attestor; he/she will forward a signed copy to us.

Personal information collected on this form will be kept secure and used by the Canadian Society of Physician Leaders (CSPL) solely for the purpose of assessing your recertification application. Where appropriate, CSPL reserves the right to verify all information provided on this form.

CSPL acknowledges that systemic biases are pervasive within the Canadian health care system and is committed to the Truth and Reconciliation Calls to Action, and equity, diversity, inclusion and belonging. As we navigate our journey of reconciliation and address our biases, we welcome feedback to enhance our learning as an organization.

*The Canadian Society of Physician Leaders strongly recommends that all physician leaders applying for CCPE recertification become informed about and committed to advancing the Truth and Reconciliation Calls to Action.*

If you have any questions, please contact the CCPE Secretariat at Deirdre at deirdre@physicianleaders.ca or phone (613) 369-8322 x200 (Please leave a voice mail because we often work from home. The message will be received in real time).

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 *(above) □* Business *(provide here)* |

1. Membership

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

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 of one [Canadian Conference on Physician Leadership](https://physicianleadershipconference.com/).

1. Individual activities

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

1. Enrolment in degree, certification programs, conferences

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

1. Mentoring /coaching (formal or otherwise). This is a mandatory component of recertification.

|  |  |  |
| --- | --- | --- |
| 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 for recertification are $495 + plus applicable provincial or territorial taxes. We will send you an online invoice upon receipt of your materials which you can pay by Visa, Mastercard or Amex. For those of you who wish to pay by cheque upon receipt of the invoice, please address your cheque to the Canadian Society of Physician Leaders and mail to:

CCPE Secretariat

Canadian Society of Physician Leaders

875 Carling Avenue, Suite 323

Ottawa, ON K1S 5P1

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](https://cchl-ccls.ca/pld-leads/the-leads-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 your completed form and to ensure that he or she has ample time to complete and submit ***confidentially and independently*** the letter of attestation at the end of the form to the CCPE Secretariat before the deadline date of July 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** 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/was a physician in “good standing” as defined by my provincial/territorial/applicable licensing body for the duration of my clinical career.

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

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

***IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE CCPE SECRETARIAT:***

|  |  |
| --- | --- |
| *Untitled-1-01* | **Email:** deirdre@physicianleaders.ca  |
| *Untitled-1-03* | **Telephone:** 613 369-8322 x200 (Please leave a voice mail because we often work from home. The message will reach us in real time.) |
| *Untitled-1-02* | **Mail:**CCPE SecretariatCanadian Society of Physician Leaders875 Carling Avenue, Suite 323Ottawa 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**