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SPECIALIST REGISTER APPLICATION

I, _____
Given Names _____ Surname _____

ADDRESS: Office _____
Mailing _____

hereby apply to have my name entered on the Specialist Register maintained by The College of Physicians and Surgeons of Manitoba in accordance with The Medical Act.

SPECIALTY(S) _____

Final ITER sent by: _____
(name of University/Hospital)

Core Training taken at: _____
(name of centre/s)

Year of Completion of Training: _____

Date of Certification _____

Initial Fee: \$200
No Charge for Additional Specialty

Date

Signature

Enrollment is effective the date the completed application form,
evidence of qualification (original or certified copy) and fee
are received in the College office.