

# Manitoba College of Family Physicians (MCFP)



## MCFP ABBREVIATED C.V. FORM

### INSTRUCTIONS

Complete the form below and return to [info@mcfp.mb.ca](mailto:info@mcfp.mb.ca). Please **type** all responses.

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SALUTATION	FIRST NAME	MIDDLE NAME	SURNAME
DEGREE ATTAINED	INSTITUTION		YEAR
OTHER EDUCATION & TRAINING			YEAR
PROFESSIONAL EXPERIENCE TO DATE			YEAR(S)
MEMBERSHIPS AND AFFILIATIONS			YEAR(S)

AWARDS

YEAR


COMMITTEES

YEAR(S)


RESEARCH INVOLVEMENT


Have you participated in the following research activities in the past five (5) years? Check all that apply:

- Presented or prepared a poster for a conference
- Supervised a student (B.Sc. Med)
- Supervised a resident for the QI project
- Supervised a resident doing a research project
- Served as a mentor to other faculty
- Acted as a peer reviewer for research papers or proposals
- Applied for a research grant or award
- Published in a peer-reviewed academic journal.  
If yes, were you:
  - Lead author
  - Co-author
  - Contributor

OTHER INFORMATION

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**CONTACT**

info@mcfp.mb.ca