

## Appendix XIII: Application for Appointment as a Designated Medical Practitioner

Designated Medical Practitioner Application Form				
<b>About You</b>				
Surname: _____				
Given Name: _____				
General Practitioner ( )		Medical Specialist ( )		Specify: _____
Single Practice ( )		Group Practice ( )		_____
Medical Registration Number: _____				
School of Medicine: _____				
I am in unconditional good standing with my medical licensing body Yes ( ) No ( )				
Have you been the subject of any disciplinary actions in the last year? Yes ( ) No ( )				
Do you have professional indemnity insurance? Yes ( ) No ( )				
<i>(Please provide copies of licensing body and insurance)</i>				
<b>Language Proficiency</b>				
<i>* See Language Proficiency Definitions Page for Elaboration on Levels at the end of this form</i>				
Level	None	Some	Good	Fluent
<b>English</b>				
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level	None	Some	Good	Fluent
<b>French</b>				
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### About Your Practice

What is your current patient caseload per week?

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### About Your Clinic

Accessibility: Car ( ) Bus ( ) Taxi ( ) Disabled ( )

Clinic Hours:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	
Open at								
Lunch								
Close at								

Computer Access: Yes ( ) No ( )

Internet Access: Yes ( ) No ( )

Nurse/Staff: Yes ( ) No ( )

#### About Your Associated Pathology Lab

On-site ( ) 5 min. walk ( ) Same-day service ( ) Requires transport ( )

Practice Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you personally visited this pathology lab? Yes ( ) No ( )

Name of accrediting body for pathology labs: (please enclose copies of accreditations)

*(Please copy this section and repeat the information for all labs you are using)*

**About Your Associated Pathology Lab**

On-site ( )      5 min. walk ( )      Same-day service ( )      Requires transport ( )

Practice Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you personally visited this radiology lab?      Yes ( )      No ( )

Name of accrediting body for radiology labs: (please enclose copies of accreditations)

*(Please copy this section and repeat the information for all radiology clinics you are using)*

**About Your Access to Consultative Services**

Do you have access to the following? (check all that apply)

Chest Physician ( )	Pediatrics ( )	Oncology ( )
Infectious Diseases ( )	Cardiology ( )	Psychology ( )
Nephrology ( )	Gynecology ( )	Neurology ( )
Psychiatrist ( )	General Surgery ( )	ENT ( )

**About HIV and TB Testing**

Do you perform HIV pre- and post-test counselling?      Yes ( )      No ( )

What is your estimate of HIV-positive cases in the past year? \_\_\_\_\_

What is your estimate of positive TB cases in the past year? \_\_\_\_\_

I hereby certify that the information above is accurate to the best of my knowledge.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature

## Reading

### None

You do not possess the linguistic knowledge or capabilities required to read in this language.

### Some

You have the ability to understand texts on topics of limited scope, to understand very simple texts and to grasp the main idea of texts about familiar topics, and to read and understand elementary points of information such as dates, numbers, names or places.

### Good

You have the ability to understand most descriptive or factual material on work-related subjects, to grasp the main idea of most documents, and to locate specific details and distinguish main from subsidiary ideas.

### Fluent

You have the ability to understand texts on a wide variety of topics, to understand most complex details, inferences and fine points or meanings, and to read with good comprehension specialized or less familiar material.

## Writing

### None

You do not possess the linguistic knowledge or capabilities required to write in this language.

### Some

You have the ability to write very limited units of information, and to write isolated words, phrases, simple statements or questions on very familiar topics using words of time, place or person.

### Good

You have the ability to write short descriptive or factual texts, and to write with sufficient mastery of grammar and vocabulary to deal with explicit information on work-related topics.

### Fluent

You have the ability to write explanations or descriptions in a variety of informal and formal work-related situations, to write texts in which the ideas are developed and presented in a coherent manner, and to write texts in which vocabulary, grammar and spelling are generally appropriate and require few corrections.

## Oral Interaction

### **None**

You do not possess the linguistic knowledge or capabilities required to communicate orally in this language.

### **Some**

You have the ability to speak within a very limited scope, to say isolated words, phrases, simple statements or questions on very familiar topics using words of time, place or person.

### **Good**

You have the ability to communicate on a basic level, using work-related general explanations or descriptions. You have a sufficient level of vocabulary to get by on simple, work-related topics. You are able to provide adequate details and converse on a basic level.

### **Fluent**

You have the ability to communicate orally without any significant difficulties. Your vocabulary allows you to carry on conversations on various topics and provide more complex details and descriptions of events. You also have the ability to comprehend what other people are saying and respond without any substantial difficulties or delays.