

Application Form

Membership/affiliation is based on a calendar year



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Dévouée aux soins de qualité

- I hereby apply for membership in the Canadian Psychiatric Association:
- Active Member ECP 1 ECP 3
 Member-in-Training ECP 2
- I hereby apply as an affiliate of the Canadian Psychiatric Association:
- Associate International
 Affiliate International Resident
 Medical Student Internationally Trained

PERSONAL INFORMATION – PLEASE PRINT

First Name: _____ Last Name: _____
Date of Birth: _____ Male Non-binary Female Preferred Mailing Address: Office Home
(YYYY/MM/DD)

OFFICE Address: _____
City/Prov: _____ Postal/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

HOME Address: _____
City/Prov: _____ Postal/Zip: _____
Phone: _____ Fax: _____ E-mail: _____

LICENSING / CERTIFICATION

Medical Degree was obtained:
University: _____ Prov/State/Country: _____ Date (MMM/YYYY): _____

License to Practise was obtained:
License #: _____ Prov/State/Country: _____ Date (MMM/YYYY): _____
License #: _____ Prov/State/Country: _____ Date (MMM/YYYY): _____

Certified in Psychiatry by:

Royal College of Physicians and Surgeons of Canada Yes No Date (MMM/YYYY): _____
Collège des Médecins du Québec Yes No Date (MMM/YYYY): _____
Foreign Authority (please specify): _____ Date (MMM/YYYY): _____

Other Professional Qualifications/Certifications: _____

Brief Statement of Psychiatric Training & Experience (attach CV if appropriate): _____

Type of Psychiatric Work at Present: _____

I am enrolled in postgraduate training in psychiatry at: _____ PGY: _____
(University)

I am enrolled as a medical student at: _____ Year of Study: _____ Graduating: _____
(University) (MMM/YYYY)

I certify that the information submitted above is accurate and complete, and agree to abide by the rules & regulations of the Canadian Psychiatric Association.
(By-laws are available on the CPA website at www.cpa-apc.org.)

Signature: _____ Date (DD/MMM/YYYY): _____

METHOD OF PAYMENT (please see below for appropriate amount):
 Visa MasterCard Cheque or Money Order (in Canadian Funds) Amount: \$ _____

Credit Card Number: _____ Expiry Date (MM/YYYY): _____

MEMBERSHIP CATEGORIES

Active Member: Qualified medical practitioners who are licensed to practise in Canada and who are **certified in psychiatry** by the Royal College of Physicians and Surgeons of Canada, or by a provincial college, or hold such other specialist qualifications in psychiatry, as recognized by the CPA.

Member-in-Training: Physicians who are registered in an approved postgraduate training program in psychiatry. Members-in-Training who go on to further fellowship training may extend their MIT status upon written application to the CPA complete with documentation confirming their enrollment in such a training program.

CPA AFFILIATES

Associate: Medical practitioners who are qualified to practise in Canada, and who are interested in the aims and objectives of the CPA.

Affiliate: Individuals who are **members of a professional group** involved in the provision of psychiatric services or the promotion of mental health, and who are properly qualified in their profession, as recognized by the Canadian Psychiatric Association.

International: Physicians who are qualified in psychiatry and who permanently reside **outside of Canada**.

Medical Student: Individuals who are enrolled in **medical studies** at an approved institution in Canada.

International Resident: Physicians who are registered in an approved postgraduate training program in psychiatry outside of Canada.

2023 RATES & REGULATIONS

1. **Active Members** shall pay an annual fee of **\$639** (plus GST or HST where applicable)*. A photocopy or other official verification of licensure and certification in psychiatry must be submitted with application form.
2. **Spouses:** Where both spouses are Active Members, one spouse shall pay the Active Fee and the other will pay a reduced annual fee of **\$550** (plus GST or HST where applicable)*.
3. **Early Career Psychiatrists (ECPs)** shall pay graded fees for the first three years following their certification in psychiatry:
 - a. **ECP 1: \$158** (plus GST or HST where applicable)*.
 - b. **ECP 2: \$319** (plus GST or HST where applicable)*.
 - c. **ECP 3: \$478** (plus GST or HST where applicable)*.
 - d. Regular Active membership fee of **\$639** (plus GST or HST where applicable)* applies in fourth year.
4. **Members-in-Training** shall pay an annual fee of **\$65** (plus GST or HST where applicable)* and submit a written verification of enrollment in a psychiatry program at an approved Canadian institution along with confirmation of their postgraduate year (PGY 1- 5) with their application form.
5. **International Residents** shall pay an annual fee of **\$192 in Canadian Funds**. Applicants must submit a written verification of enrollment in a psychiatry program outside of Canada along with confirmation of his/her postgraduate year (PGY 1-5) with their application form.
6. **Associates** shall pay an annual fee of **\$222** (plus GST or HST where applicable)*. Applicants must submit appropriate written verification of licensure with their application form.
7. **Affiliates** shall pay an annual fee of **\$222** (plus GST or HST where applicable)*. Applicants must submit a photocopy of license/permission to practise in his/her particular profession with their application form.
8. **International affiliates** shall pay an annual fee of **\$322 in Canadian Funds**. Applicants must submit written proof, in either of Canada's official languages, of licensure and specialist qualifications in psychiatry, with their application form.
9. **Internationally Trained** who are living in Canada, but are not yet licensed to practise in Canada shall pay an annual fee of **\$639** (plus GST or HST where applicable)*. A photocopy or other official verification of licensure and certification in psychiatry must be submitted with application form.
10. **Medical Students** shall pay no annual fee and will receive online access to publications only. No hard copy is included. Written confirmation from the faculty of medicine where the applicant is enrolled, with expected graduation date, must accompany the application form.

* **TAXES** 5% GST is applicable in British Columbia, Alberta, Manitoba, Northwest Territories, Nunavut, Québec, Saskatchewan and Yukon.
13% HST is applicable in Ontario.
15% HST is applicable in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland & Labrador.

INQUIRIES & HOW TO APPLY

Kindly forward completed form including payment in the appropriate amount to:

Membership Services
Canadian Psychiatric Association
141 Laurier Avenue West, Suite 701, Ottawa, ON K1P 5J3
Tel: (613) 234-2815 or (800) 267-1555, ext. 231 Fax: (613) 234-9857
E-mail: membership@cpa-apc.org