

## PURPOSE OF CSME

- Unite into a single organization all Canadian physicians who are committed to the highest possible professional standards in the performance of medical evaluations.
- Provide a forum for the sharing of knowledge, experience and ideas amongst Canadian medical evaluators.
- Advance the interests of members by developing and publishing appropriate standards, guidelines and positions related to practical, professional, ethical medico-legal work.
- Advise the medical profession at large, as well as other professions, organizations and government agencies on all matters regarding medical evaluations.
- Be available as an expert body for consultation by other organizations and government agencies.
- Assist the legal profession and insurance industry in locating physicians with suitable expertise.



## ELIGIBILITY REQUIREMENTS

- A current, unrestricted medical license.
- Good standing with provincial College of Physicians and Surgeons.
- Submit current and complete curriculum vitae; two (2) examples of recent medico-legal evaluations (patient identifiers blanked out) with application.
- These samples will be graded based on the ability to do the **following**:
  - obtain a relevant, suitably detailed medico-legal history.
  - complete and describe a relevant, in-depth clinical examination.
  - critically review and analyze case documentation and identify deficiencies in the database.
  - use clinical evidence to derive and clearly communicate diagnoses, impairments, and resultant disabilities.
  - fully address the issue of causality by reference to logical reasoning, the evidence as a whole, and formal causation rules.
  - express conclusions in fair and unbiased terms, with proper reference to the database, assessment, literature and evidence based practices.

***“I always find CSME conferences informative and stimulating”***  
**- an attendee at a previous conference**

## GENERAL MEMBER BENEFITS

- Preferential pricing for all CSME seminars, conferences; and activities.
- Use of CSME logo and ability to convey your affiliation with CSME.
- Receive up-to-date information about CSME and the field of third-party evaluations.
- Greater visibility and networking.

## MEMBERSHIP APPLICATION

I hereby request membership in the Canadian Society of Medical Evaluators and pledge to conform to the Society’s professional standards. I acknowledge having practiced as a family physician or a specialist with experience in the field of third party medical evaluation. I am a licensed physician in good standing with my Provincial College.

***I submit the following documents as required for consideration with the application:***

- A current curriculum vitae with specific reference to work experience in the field of third party medical evaluation.
- A total of two medico-legal reports to be reviewed by the CSME Membership Committee and two active members for endorsement
- A copy of current membership certificate of provincial college
- A copy of CMPA membership card

**APPLICATION FOR GENERAL MEMBERSHIP:** I hereby request membership in the Canadian Society of Medical Evaluators. *(Please type or print clearly)*

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Title: \_\_\_\_\_ License No: \_\_\_\_\_

Specialty: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

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

Business Type: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Fee :**  \$450  \$225 *pro-rate after July 1*

I acknowledge and consent that the medico-legal reports be evaluated by the CSME. Formal Admission to Membership will be by vote of the Active Members at scheduled business meetings, upon recommendation by the Executive.

**Payment Method:**  Cheque *Make cheques payable to: Canadian Society of Medical Evaluators*

Payment must accompany your application before membership can be granted.

**Credit Card Method:**  Visa  Mcard  Amex

Name on card: \_\_\_\_\_

Card#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Signature: \_\_\_\_\_

**Credit cards will be processed through Base Consulting and Management Inc. GST#894035195**

**MEMBERSHIP MAINTENANCE:** *Renewal of membership (January 1<sup>st</sup> annually) is dependent upon payment of the annual fee and adherence to CSME Guidelines of Practice.*

**FAX OR MAIL TO: CSME** 301-250 Consumers Road Toronto, ON M2J 4V6

Phone: 416-487-4040 or 888-672-9999 Fax: 416-495-8723 Email: [info@csme.org](mailto:info@csme.org) Website: [www.csme.org](http://www.csme.org)

# CANADIAN SOCIETY OF MEDICAL EVALUATORS



## GENERAL MEMBERSHIP