



Long Range Family Practice Network Inc. Membership Application

Instructions: Please print, complete, and sign below. You may submit directly to the Board Chair, Dr. Shanda Slipp, or scan and submit by email to gary@LongRangeFPN.com

Physician name: _____

Practice name and location: _____

Phone number: _____

Email address: _____

Date of membership request: _____

Long Range FPN Membership Categories (Please check applicable category.)

YOU ARE APPLYING TO BE A **GENERAL MEMBER** OF LONG RANGE FPN. AS SUCH, YOU CONFIRM THAT THE FOLLOWING STATED CRITERIA IS TRUE AND ACCURATE:

- a. *You are a practicing General Practitioner who delivers the majority of your services in the defined Geographic Area whether on a Sessional, Fee-For-Service, Salaried or other basis, and whether delivering full service, specialized services (e.g. obstetrical, ER, hospitalists) or services at a walk-in clinic; and, you are licensed and in good standing with the College of Physicians and Surgeons of Newfoundland and Labrador.*

YOU ARE APPLYING TO BE AN **ASSOCIATE MEMBER** OF LONG RANGE FPN. AS SUCH, YOU CONFIRM THAT THE FOLLOWING STATED CRITERIA IS TRUE AND ACCURATE:

- b. *You are a Medical Resident holding a full or educational license, practicing in the Geographic Area and enrolled in a family physician residency program in the Province of Newfoundland and Labrador; or, you are a retired General Practitioner in good standing with the College of Physicians and Surgeons of Newfoundland and Labrador.*

Physician signature: _____

Date: _____

By signing this form, the Board Chair indicates acceptance of this application, by the Long Range FPN Board, for membership as indicated above, and as of the date noted below.

Board Approval: _____

Date: _____