



DIPLOMA IN SPORT AND EXERCISE MEDICINE EXAM – APPLICATION FORM 2019

*Place Photo here
and sign
underneath*

DATE: TBD – Spring 2019

LOCATION:

**Montfort Hospital
713 Montreal Rd
Ottawa, ON K1K 0T2**

Please type or use Block Capitals

Date of Application:

Application Type: Fellow
Practice Eligible

Name in full (*as it will appear on the diploma certificate*)

Address: _____ **APT#** _____

City: _____ **Province:** _____ **Postal Code:** _____

Email:

Sex: **Citizenship:** **DOB:** __/__/____

Phone number: _____



Language:

Preferred Language to Sit the Exam (French/English):

Medical Education

Medical School Attended: _____

Degree (s): _____

Date of Graduation: _____

Internships (please complete if applicable)

University: _____ Type: _____

Date: _____

Residencies

University: _____ Type: _____

Date: _____

Fellowships (Please complete Exam Release Completion Form)

University: _____ Type: _____

Date: _____



Current Practice

How many years in Active Practice (Location with Dates):

1. _____

2. _____

3. _____

4. _____

Please select area of primary practice:

- | | |
|-----------------------------|----------------------------|
| ... Anesthesiology | ... Occupational Medicine |
| ... Cardiovascular Medicine | ... Orthopedic Surgery |
| ... CCFP | ... Other |
| ... CCFP (EM) | ... Pediatrics |
| ... Emergency | ... Physical Med and Rehab |
| ... Family Practice | ... Podiatry |
| ... Fellow | ... Psychiatrist |
| ... FRCP | ... Resident |
| ... Geriatrics | ... Rheumatology |
| ... Internal Medicine | ... Sport Medicine |
| ... Military Medicine | |
| ... Neurosurgery | |

Percentage of Current Practice that is dedicated to sport medicine

Choose which location best describes the majority of your practice:

a) Rural

b) Urban

Are you university-affiliated? Yes No

Are you actively teaching? Yes No



CASEM Membership

Are you a member of CASEM? Yes No

(If **NO**, please enclose a completed application form for membership and include the membership fee with payment of the examination fee or join online

<http://casem-acmse.org/>

This application **CANNOT** be processed unless it is accompanied by the following:

Practice Eligible Route

1. One signed photograph - please paste on page 1 of application in box provided OR e-mail your picture to rmenard@casem-acmse.org
2. List of logged hours, listed in the attached log sheets
3. Application fee of \$1500.00 (including \$200.00 non-refundable exam submission fee; (if payment by cheque, please submit two cheques) *(please read Refund Policy very carefully)*).
4. Certificate of Attendance for 1 provincial or 1 national sport medicine conference *(held within previous two years)*
5. CASEM membership payment for the current calendar year has to be up-to-date.

Fellowship Route

1. One signed photograph - please paste on page 1 of application in box provided OR e-mail your picture to rmenard@casem-acmse.org
2. List of logged hours, listed in the attached log sheets
3. Application fee of \$1500.00 (including \$200.00 non-refundable exam submission fee; (if payment by cheque, please submit two cheques) *(please read Refund Policy very carefully)*).
4. Fellowship letter from the Fellowship Director of your Sport Medicine Fellowship Program
5. Completed Exam Result Release Form
6. CASEM membership payment for the current calendar year has to be up-to-date.

Return completed application by one of the following 3 ways:

By Post to: CASEM - 55 Metcalfe Street Suite 300, Ottawa, ON K1P 6L5

By E-mail: rmenard@casem-acmse.org

By Fax: 613-912-0128 (if faxing please make sure to e-mail photo separately)



Canadian Academy of Sport and Exercise Medicine

Académie canadienne de médecine du sport et de l'exercice

CASEM DIPLOMA IN SPORT AND EXERCISE MEDICINE 2019 EXAM FEE PAYMENT

Exam Fee Payment \$1,500.00

VISA

M/C

Payment by cheque #

Please make out 2 cheques for \$200.00 and \$1,300.00)

A \$200.00 exam application fee will be charged when your application is received.
This application fee is non-reimbursable. The balance of the fee will be charged after
the deadline for the exam application has passed.

Card Number: _____/_____/_____/_____

Expiration Date: ____/____

NAME ON CARD _____

Signed: _____ Dated: _____



REFUND POLICY CASEM DIPLOMA EXAM IN SPORT AND EXERCISE MEDICINE

All interested candidates are required to submit their completed application form and exam fee of \$1500.00 to confirm their position to sit the CASEM Diploma Exam.

DATE: TBD -Spring 2019

LOCATION:

**Montfort Hospital
713 Montreal Rd
Ottawa, ON K1K 0T2**

WITHDRAWAL OR CANCELLATION POLICY

WRITTEN NOTICE OF WITHDRAWAL from the exam process MUST BE RECEIVED BY HEAD OFFICE.

If notice of withdrawal is received after your application has been approved (once the date and location have been confirmed and you have agreed to sit) the following attrition policy will apply:

ATTRITION POLICY

3 months to the date of the examination the candidate loses entire fee of \$1,500.00. (*TBD*)

3 - 5 months from date of examination \$200 admin fee is forfeited, \$800 will be held toward one of the next two exams and \$500 will be returned back to the candidate. (*TBD*)

From the date your application is accepted until 5 months from date of examination - \$200 admin fee only forfeited, \$1,300.00 returned to candidate. (*TBD*)



ELIGIBILITY CRITERIA TO SIT THE CASEM EXAM

1. All candidates must be members in good standing of (the) CASEM at the time they apply to sit the examination.
2. All candidates must have a license to practice medicine. Physicians practicing outside Canada must be licensed to practice in their country of residence.
3. The candidate must also have one of the following:
 - a) A minimum of 2 years of independent MEDICAL practice, which must include attendance at 1 provincial, or national sport medicine conference and documented participation of 50 hours of team/sport/event coverage.

OR

- a) The candidate must be a Fellow of the Royal College of Physicians and Surgeons or College of Family Physicians of Canada and have completed a one-year Sport Medicine fellowship recognized by a University Faculty of Medicine Program. The program must include documented participation of 50 hours of team/sport/event coverage.*

*(*For candidates taking a one year Sport Medicine Fellowship and who take the exam before the full completion of that year, the Diploma will be sent upon successful completion of the fellowship year.)*

The Sport Medicine Fellowship is recognized by the following criteria:

- A letter signed by a University affiliated CASEM Dip Sport Medicine physician which states that the candidate was under their supervision and is expected to meet the core competencies in the sport and exercise medicine (as outlined by the CASEM Fellowship Committee)
- The fellowship has to be one uninterrupted year.

If you do not fulfill all of the above criteria and would like to apply for an exemption to the eligibility criteria to sit the diploma in sport and exercise medicine exam please contact the chair of the credentials committee Dr. Kent Pottle kent@eastlink.ca.

CODE OF CONDUCT

Any action that might compromise the proper conduct of the Diploma in Sport Medicine examination administered by the Canadian Academy of Sport and Exercise Medicine (CASEM) is considered unprofessional behavior and is in breach of the Candidate Code of Conduct. Such actions might include:

- attempting to give or receive information from other candidates (talking or passing notes) or from any other source (i.e., using an electronic device) during the examination,
- attempting to observe the answers of, or show answers to, another candidate,
- attempting to copy or remove examination materials from the examination site,
- attempting to divulge to anyone the nature or content of any question or answer on the Diploma in Sport Medicine examination.

Any candidate found to have violated the Candidate Code of Conduct will face penalties to be determined by the CASEM Credentials Committee and the Board of Directors of CASEM. Consequences of unprofessional behavior may include forfeiture of examination fees, invalidation of examination results, suspension or disqualification from future examinations.

NON DISCLOSURE STATEMENT

In recognition of the duty of The Canadian Academy of Sport and Exercise Medicine (CASEM) and of myself to the public to ensure that only physicians who fully and fairly pass the Diploma examination be granted the Diploma in Sport Medicine designated by CASEM,

I hereby attest that I will not perform any action that might compromise the proper conduct of the examination and I will abide by the Candidate Code of Conduct as printed above.

I understand that failure to comply with this attestation may result in penalties to be determined by the Credentials Committee and the Board of Directors of CASEM which may include: forfeiture of my examination fees, invalidation of my examination results, and/or disqualification from future examinations of The Canadian Academy of Sport and Exercise Medicine.

I am a candidate for the Diploma in Sport and Exercise Medicine of the Canadian Academy of Sport and Exercise Medicine, and I have read and I am in agreement with the above statements.

Signature

Date



LIST OF LOGGED EVENT COVERAGE HOURS

Name of Candidate:

EVENT	DATE	TIME	# of Hours	REF. CONTACT Name	E-MAIL	PHONE

Exam Results Completion Form

***Exam Result Permission (for Fellowship category applicants only)**

Candidate Name: _____

University: _____

I, _____ grant CASEM permission to share my exam results with my Fellowship Director.

I, _____ DO NOT grant CASEM permission to share my exam results with my Fellowship Director.

Candidate's Signature