



# MEMBERSHIP APPLICATION

The Canadian Society of Medical Evaluators (CSME) is the leading national organization of professionals involved in independent medicolegal and clinic legal evaluations using evidence-based medicine, best clinical practices and practice guidelines. In addition to providing outstanding educational programming, CSME provides a forum for the sharing of knowledge, experience and innovation amongst Canadian clinician evaluators.

#### Key Roles:

- **KNOWLEDGE and EXPERTISE:** Provide a forum for sharing knowledge, experience and ideas amongst Canadian medical evaluators. Assist physicians who wish to develop the skills and expertise necessary to provide professional quality medico-legal services. Advise the medical profession at large, as well as other professions, organizations and government agencies, on all matters regarding medical evaluations
- **EDUCATION:** Provide education regarding third party independent evaluations through seminars, workshops and podcasts
- **STANDARDS:** Unite into a single organization all Canadian practitioners who are committed to the highest possible professional standards in the performance of third party medical evaluations. Advance the interests of members by developing and publishing appropriate standards, guidelines and positions related to practical, professional, ethical medico-legal work
- **ADVOCACY:** Be available as an expert body for consultation by other organizations and government agencies on all matters concerning medical evaluations in Canada
- **REFERRALS:** Assist the legal profession and insurance industry in locating physicians with suitable expertise, who are regionally available and interested in offering their services
- **NETWORKING & COMMUNICATIONS:** Provide an opportunity to meet colleagues and share best practices. Communicate newsworthy information to members from across the country from newsletters and the CSME website.

The Society has **3** categories of membership

1. **CLINICIAN MEMBER:** a clinician and regulated health professional who is actively engaged in the independent assessment of health and function as these relate to impairment and disability. Members in good standing may vote at all meetings.
2. **ASSOCIATE MEMBER:** an individual with an interest in the independent assessment of health and function as these relate to impairment and disability. Associate Members in good standing may vote at all meetings.
3. **EMERITUS MEMBER:** individuals who are members in good standing who provide proof of retirement acceptable to the Membership Committee. Such members shall be entitled to pay 50% of dues and maintain their member status within CSME, including all rights attached thereto.

Upon admission to the **Canadian Society of Medical Evaluators**, the applicant will receive:

- Have your name listed on the CSME Directory (on the website) for those seeking expertise;
- Membership pricing for all CSME seminars, conferences and other activities;
- Access to Members-Only area of the CSME website.
- Publication of the *Evaluator*—CSME's Official e-Newsletter
- Ability to use the CSME logo, publicly convey their affiliation with CSME.
- Full voting rights at all meetings;

# Membership Application Form

I give permission to publish my professional information as part of the membership directory.

<b>PERSONAL INFORMATION</b>	<b>Membership Term:</b> January—December 31		
First Name			Prefix
Last Name			
Designation	License No		
Home Address			
City	Province	Postal Code	
Telephone		Cell	
Primary Email:			
Alternative Email:			

<b>PROFESSIONAL INFORMATION</b>		
Company Name		
Address		
City	Province	Postal Code
Telephone	Fax	Website

<b>AREA OF SPECIALITY</b>			
<input type="checkbox"/> Accident Benefits	<input type="checkbox"/> Anesthetist	<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Cardiologist
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Claims Manager
<input type="checkbox"/> Dentist	<input type="checkbox"/> Disability Manager	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> General Practitioner
<input type="checkbox"/> Translations	<input type="checkbox"/> Independent Medical Evaluator	<input type="checkbox"/> Kinesiologist	<input type="checkbox"/> Defence <input type="checkbox"/> Plaintiff
<input type="checkbox"/> Life Care Planner	<input type="checkbox"/> Neuropsychologist	<input type="checkbox"/> Neurosurgeon	<input type="checkbox"/> Nurse
<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Orthopedic Surgeon
<input type="checkbox"/> PM&R	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Registered Massage Therapist	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Vocational Rehabilitation	

MEMBERSHIP FEES							
Membership Type	Annual Dues	5% GST (AB, BC, MB, NT, NU, SK, & YT)	13% HST (NB, NL & ON)	14.975% QC	14% HST (PEI)	15% HST (NS)	Total Dues + Tax)
<input type="checkbox"/> Clinician Member	\$350.00	\$17.50	\$45.50	\$52.41	\$49.00	\$52.50	
<input type="checkbox"/> Associate	\$350.00	\$17.50	\$45.50	\$52.41	\$49.00	\$52.50	
<input type="checkbox"/> Emeritus	\$175.00	\$8.75	\$22.75	\$26.21	\$24.50	\$26.25	
<b>Total Payment Due</b>							

**PAYMENT OPTIONS:** Please make cheques payable to CSME. A fee of \$25.00 will be charged for all NSF items.

Visa     MasterCard     Enclosed cheque payable to CSME (Tax Registration # 894035195)

Card No: \_\_\_\_\_

CVV: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

[Located on the back of your credit card]

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: [\_\_\_\_\_] \_\_\_\_\_



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