

Confirmation of Retired Status

If you are retired, or are about to become retired, let us know. Just complete and return this form to the Royal College Services Centre. As a retired Fellow, you retain the use of your designation and remain a member of the Royal College. Should you return to practice, please let us know and we will change your membership category to Active Fellow *(note: Active Fellows must participate in the Maintenance of Certification Program and pay the appropriate annual dues).* Please note: to be eligible for Retired status, you must have relinquished your medical license. If you are retiring within the next three months, your form will be held for future processing based on the retirement date indicated below. You will not be required to renew your Fellowship during this time.

| Royal C | College I.D. No.: | Name: | |
|---|------------------------|---------------|--|
| Declaration of Retired Status ☐ By submitting this form, I declare that I am retired (or will be retired within the next three months) from all medical or health-related professional activities, and I no longer carry a license to practice through a Medical Regulatory Authority. | | | |
| Fellows in part-time practice or reduced-scope practice (such as surgical assisting) for which a license is required must continue to participate in the Maintenance of Certification (MOC) Program and are not eligible for the Retired category. | | | |
| lacksquare I am not working part-time or on a restricted scope of practice license. | | | |
| Effective date of retirement: | | | |
| Signature: Date: | | | |
| As a Retired Fellow of the Royal College, you: | | | |
| Contact information To ensure you continue to receive member correspondence from the Royal College, please provide us with your email and other contact information. Once your membership status is changed, a confirmation will be sent by email. | | | |
| Reside | ntial Mailing Address: | Telephone: | |
| | | Mobile phone: | |
| | | Fax: | |
| | | Email: | |

Please print and send by mail, email or fax.

Royal College Services Centre Royal College of Physicians and Surgeons of Canada 774 Echo Drive, Ottawa ON (Canada) K1S 5N8 Telephone: 1-800-461-9598 or 613-730-6243

Fax: 613-730-2410

Email: membership@royalcollege.ca