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PROGRESS REPORT – PROFESSIONAL ASSOCIATION
To be completed by the Medical Profession Advisor

The following progress report will assist the Yukon Medical Council in monitoring the progress of Special Licensed physician's integration into the practice of medicine in the Yukon.

<p>Your Name: _____</p> <p>Special Licensed Physician's Name _____</p> <p>Report Date: _____</p>

1. Do you practice in the same clinic as the Special Licensed Physician? Y N

2. How often do you interact with the Special Licensed Physician? Daily Weekly Monthly
Approximately how many hours do you spend in direct contact? _____

3. Please indicate in what areas you interact (*check all that apply*)
 Direct Supervision Case Discussion Chart Review Problem Solving
 Other (*please describe*) _____

4. Are the meetings with the Special Licensed Physician productive? Y N

5. Do you and the Special Licensed Physician have a current Continuing Professional Development Plan? Y N
**if you have not previously submitted your plan, or it has changed since your last report, please attach a copy.*

6. Are you satisfied with the Special Licensed Physician's integration of CPD activities into their practice of medicine? Y N

7. Has the Special Licensed Physician made satisfactory progress in the C2LEO aspects of the practice of medicine?

Cultural Y N

Communication Y N

Legal Y N

Ethical Y N

Organizational Y N

8. Do you have any concerns about the prescribing habits of your Special Licensed Physician?
(if yes, please describe)

Y N

9. Additional Comments:

10. Have you discussed the content of this report with the Special Licensed Physician?
(if no, please explain)

Yes No

Signature: _____ Date: _____

The Yukon Medical Council thanks you for your participation in this program.