## CPL 2017 Application Form

Please complete this application form and submit the following to info@canadiantaskforce.ca with the subject line "CPL Network Application":

- Completed application form;
- Copy of your updated CV; and
- Two (2) letters of recommendation

Personal Information				
Name		Age	Gender	
Address		City/town	Province/territory	
Postal code	Phone (work)	Phone (cell)	Email	
Education	<u> </u>			
Institution 1.	Degree	/specialization	Year of completion	
Institution 2.	Degree	/specialization	Year of completion	
Institution 3.	Degree	/specialization	Year of completion	
Institution 4.	Degree	/specialization	Year of completion	
Other				
Professional Experience				
Employer/institution 1.	Position	n/title	Date	

Employer/institution 2.	Position/title	Date	
Employer/institution 3.	Position/title	Date	
Employer/institution 4.	Position/title	Date	
Employer/institution 5.	Position/title	Date	
Employer/institution 6.	Position/title	Date	
Professional affiliations, groups and m	embership : Area(s) of expertise:		
Other notable accomplishments:			
Please briefly summarize your experience giving presentations, teaching or performing other educational outreach tasks:			

Interest in the Canadian Task Force on Preventive Health Care (CTFPHC)

In a few sentences, please explain why you are interested in being considered for a clinical prevention leader role with the CTFPHC:

Please briefly explain what you know about the CTFPHC:

Do you use the CTFPHC guidelines or knowledge translation tools? If so, which ones?

What do you think are the biggest challenges that practitioners face in applying the CTFPHC recommendations into practice?

What unique qualities would you bring to the role of the CPL?

Are you interested in being considered for	or a position of a full-voting	Task Force member in the future?
Are you interested in being considered in	ງ ລັບວາແບກ ບໍ່ລຳນາ-າບແກ່	j rask i olce member in me luture:

Is there anything else you think we should know when considering your application?

Do you have any potential or actual conflicts of interest? If so, please disclose.

Circles of Influenc	e – Clinical Preventi	on Leadership		
Please rate yourse	elf on the following s	cales relating to y	our interactions with frier	nds or
colleagues regard	ing new research (e.	g., clinical practic	e guidelines).	
In general, do you t	alk to your friends and	d colleagues about	new research:	
5 Very often	4	3	2	1 Never
When you talk to yo	our friends and colleag	gues about new res	earch do you:	
5 Give a great deal of	4 information	3	2 Give ver	1 ry little information

During the past six months, how many people have you told about new research?				
5 4	3	2	1	
Told a number of people			Told no one	
Compared with your circle of friends and colleagues, how likely are you to be asked about new research?				
5 4	3	2	1	
Very likely to be asked		Not at all	likely to be asked	
In a discussion of new research would you be most likely to:				
5 4	3	2	1	
Convince your friends of your ideas		Listen to y	your friends' ideas	
In discussion of new research which of the following happens most?				
5 4	3	2	1	
You tell your friends' about new research Your friends tell you about new research				
Overall, in all of your discussions with friends and colleagues are you:				
5 4	3	2	1	
Often used as a source of advice Not used as a source of advice				
Signature:		Date:		