Claiming credit for University Certified Mainpro+ activities



1. Log into the CFCP Member portal

2. Select "Access your Mainpro+ Account and CPD Summary"

ABOUT 05 - EDUCATION - CF	WEMDERSTIP TIE	ALIII FOLICI ALGOURCES	POBLICATI	IONS RESEARCH DIRECTORIES
Home * Membership * My Account				
MEMBERSHI				
MEMBERSHIP	My Account			
ABOUT MEMBERSHIP				CFPC en Route CEO Blog
FIRST FIVE YEARS				· * C · Ch
FELLOWSHIP IN THE COLLEGE OF FAMILY PHYSICIANS OF CANADA (FCFP)	The College of Family Physi organization that exclusively	cians of Canada (CFPC) is the represents family doctors.	only national	Research & Education Foundation Help support medical
BECOME A MEMBER	We are your organization, yo ensuring the best possible h	our partner and your voice. Our ealth and health care for all per our participation and support	goal of ople in Canada	students, teachers, researchers and family physicians.
MEMBER NEWS	Carronny be achieved what ye			
MEMBERSHIP FAQS	Please note that the system	will time out after 20 minutes.		
MY ACCOUNT	Renewals are now available	in the third week of your renew	al month.	
Profile Update				
Add a CPD Activity to my Record	MY PROFILE	UPDATE PROFILE >	MY MAINPE	?()+ ®
MAINPRO+ Credit Summary				
Apply for Examination of Special Competence in Emergency Medicine				ainpro 🕤
 Apply for Certification Examination in Family Medicine 			Acces	s your Mainpro+ Account
 Apply for a Certificate of Added Competence (CAC) 			a	and CPD Summary »
Self Learning Program			MEMBERSHI	P
 Prevention in Hand Website (CPD eLearning Modules) 			Your members	ship renewal date is: May 1, 2015
			EXAMS	HISTORY >
			Apply to be a	CFPC Examiner »
	INVOICES & RECEIPTS	PAT NOW P		

3. Select "Enter a CPD Activity"



- 4. Select appropriate activity category (Group Learning, Self-Learning, or Assessment)
- 5. Select "Certified"
- 6. From the drop-down menu select "other Certified (Group Learning/Self-Learning/Assessment) Activities"

Enter a CPD Activity Dr.

iii Current Cycle: 1/1/2014 - 6/30/2019

To enter an activity, choose from the options	Need Help?	
*Indicates Required Field/Question		
Category: *	Group Learning	
Certification Type: *	● Certified ○ Non-Certified	
ActivityType: *	Please select Please select AAFP and ABFM Activities Advanced Life Support Programs (Participant) American Medical Association PRA Category 1 CFPC Certified Mainpro+ Activities Foundation for Medical Practice Education (FMPE) MORE ⁰⁶ Plus Program Quebec Category 1 Credit	To view a full list of activities please click here CANCEL CONTINUE
	Royal College MOC Accredited Section 1 Other Certified Group Learning Activities	Need Help?

7. Select the delivery format

8. Click "Continue"

ActivityType: *	Other Certified Group Learning Activities	To view a full list of activities please click here
Delivery Format*	${\small \textcircled{O}}$ Live In-person or Live Webcast ${\small \textcircled{O}}$ Online Self-Study	
		CANCEL

9. Complete the online form and impact assessment

10. Click "Submit"

*Indicates Required Field/Question				
Other Certified Group Learning Activities				
Category: *	Group Learning V			
Certification Type: *	Certified	Non-Certified		
Once you have completed the form in its bottom of the page and clicking on "SENI action.	entirety, click "SUBMIT". You can save the informat D TO HOLDING AREA". The editable, saved form wi	tion you have entered on this form at any time by scrolling to the II be accessible from your Holding Area and will require further		
Only activities bearing the CFPC Mainpro+™ certification statement are eligible in this category. Please refer to the certificate or letter of completion for the above statement and information on the number of credits for which the program is eligible. If there is no CFPC Mainpro+ certification statement, please report the activity in the Non-Certified Assessment category. Activities accredited by the Fédération des médecins des omnipracticiens du Québec (FMOQ) for Category 1 credits are eligible in this category for those who practice in Quebec.				
Activity Type *	Other Certified Group Learning Activities \checkmark			
Delivery Format: *	Live In-person or Live Webcast Online Self-Study			
Program Title or Activity Type (or session) *				
Program/Activity ID				
Province *				
City *				
Planning Organization *				
Activity Start Date *				
Activity Completion Date *				
Credits Claimed *				

Impact Assessment What was the impact of this learning experience on you or your practice?				
1. My practice will be changed and improved.	OYes	O No		
Please expand on your answer (optional).		Ç		
2. I learned something new. *	OYes	O No		
3. I am motivated to learn more. *	OYes	○ No		
4. This experience confirmed I am doing the right thing. *	OYes	O No		
Please expand on your answer (optional).		<u>`</u>		
5. I perceived bias in this program. *	Oyes	○ No		
If YES, please provide additional details.		<u>`</u>		
6. I was dissatisfied for another reason.	Oyes	O No		
Please expand on your answer (optional).		<u>`</u>		
		CANCEL SEND TO HOLDING AREA SUBMIT		