

## PURPOSE OF CSME

- Unite professionals who are committed to the highest possible standards in the performance of third-party medical evaluations.
- Share knowledge, information, experience and ideas on all matters concerning third party evaluations.
- Assist clinicians who wish to develop their skills and expertise by offering training and professional qualifications.
- Develop and publish appropriate standards, guidelines and positions related to practical, professional, and ethical work in the field of third-party evaluations and disability.
- Assist the legal profession and insurance industry in locating individuals with suitable expertise, who are regionally available and interested in offering their services on an impartial/ independent basis.



***“I always find CSME conferences  
informative and stimulating”***  
- an attendee at a previous conference

## ASSOCIATE MEMBER BENEFITS

- Preferential pricing for all CSME seminars, conferences and activities.
- Use of CSME logo and ability to convey your affiliation with CSME.
- Name and company/practice listed on CSME website.
- Receive up-to-date information about CSME and the field of third- party evaluations.
- Greater visibility and networking opportunities.

***“CSME -seminars provide a practical  
knowledge to injury claims that  
I can use in my practice”***  
- an attendee at a previous conference



## ELIGIBILITY REQUIREMENTS

An individual with an interest in the assessment of health and function as these relate to impairment and disability is eligible for Associate Membership.

### **Please identify your occupation:**

- Adjudicator
- Adjuster
- Case Manager
- Chiropractor
- Claims Manager
- Health Centre
- Human Resources Professional
- Insurance Company
- IMA (Independent Medical Advisor)
- Investigator
- Kinesiologist
- Lawyer
- Manager
- Medical advisor
- Occupational therapist
- Program Manager
- Psychotherapist
- Physiotherapist
- Psychologist
- Speech Therapist
- Registered Nurse
- RMT (Registered Massage Therapist)
- RRP (Registered Respiratory Therapist)
- Social worker
- Training Specialist
- Vocational Consultant
- Life Care Planner

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

I hereby request membership in the Canadian Society of Medical Evaluators.

**APPLICANT'S INFORMATION:** *(please type or print clearly)*

Dr/Ms/Mr/Mrs \_\_\_\_\_ Title: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**MEMBERSHIP MAINTENANCE:** Renewal of membership (January 1<sup>st</sup> annually) is dependent upon payment of the annual fee and adherence to CSME Guidelines of Practice.

**Membership Fee**  \$295      **Payment Method:**  Cheque  Visa  Mcard  Amex

**Name on card:** \_\_\_\_\_

**Card#:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Expiry Date:** \_\_\_\_\_ / \_\_\_\_\_

**Card Signature:** \_\_\_\_\_

*Credit cards will be processed through Base Consulting and Management Inc. GST#894035195*

**PAYMENT:** Appropriate payment must accompany your application before membership can be granted. **Make cheques payable to: Canadian Society of Medical Evaluators**

**FAX OR MAIL TO:**

**Canadian Society of Medical Evaluators** 301-250 Consumers Road Toronto, ON M2J 4V6  
Phone: 416-487-4040 or 888-672-9999 Fax: 416-495-8723 Email: info@csme.org Website:  
[www.csme.org](http://www.csme.org)

# CANADIAN SOCIETY OF MEDICAL EVALUATORS



## ASSOCIATE MEMBERSHIP