



SEAMO
Southeastern Ontario Academic Medical Organization

ACADEMIC ACTIVITY OF PHYSICIANS HOLDING NON-SEAMO FUNDED POSITIONS
PHYSICIAN REGISTRATION FORM
2014-15

Complete all sections of this form, then print, scan and email the form to
kirsi.hunnakko@queensu.ca. Please save a copy of the completed form for your records.

Department: _____

Division (if any): _____

Physician Name: _____

Academic Rank at Queen's University: _____

Academic Activities (list the educational, research, and related administrative activities
for which the named physician receives SEAMO-sourced compensation):

Annual SEAMO-sourced compensation for the listed activities: _____

Certification:

I certify that the above statements on academic activity and compensation are true.

Physician signature: _____

Date: _____

Department Head signature: _____

Date: _____

Form Issued: 23 September 2014

SEAMO Office Use Only

Date Received: _____

Date Approved: _____ Signature: _____