



Canadian
Consortium for
**Early Intervention
in Psychosis**

APPLICATION FOR MEMBERSHIP

Page 1 to be completed by the Nominator. Page 2 to be completed by the Candidate.
Once complete please return via fax to 866-714-5521 or email to nicola@epicanada.org

NOMINATOR

Name: _____

Date: _____

Signature: _____

Please explain, in your opinion, the candidate's qualifications and personal characteristics which make the nominee a suitable candidate for membership in the Canadian Consortium for Early Intervention in Psychosis.

FOR INTERNAL USE

Reviewed by: _____

Date: _____

Membership Accepted:

Membership Declined:

Nicola Banks, B.Sc. CEO Phil Tibbo, MD President Marc-André Roy, MD Vice President Amal Abdel-Baki, MD Director at Large Andrea Bardell MD Director at Large Thomas Hastings, MD Director at Large



Canadian
Consortium for
**Early Intervention
in Psychosis**

CANDIDATE

Please note that by submitting this completed application you are agreeing that you have read, understood and will abide by the terms as set out in the most current standard operating procedure relating to membership.

Name: _____

City,
Province: _____

Telephone: _____

Email: _____

Credentials: _____

Are you a clinician or researcher who works within an early intervention psychosis program? _____

Program
Name: _____

Please provide a summary of your qualifications and personal characteristics which make you a suitable candidate for membership in the Canadian Consortium for Early Intervention in Psychosis, and state why you are interested in becoming a member.