
A. To be completed by the Applicant:

1. Name of Applicant: _____
2. Current Mailing Address: _____

3. Phone number: _____ Email: _____
4. Residency Status: Canadian Citizen
 Landed immigrant – Date received: _____
 Other _____ (please provide verification)

5. Educational qualifications of physician applicant:

| | Institution | Degree/Program | Year Completed |
|----------------------|--------------------|-----------------------|-----------------------|
| Undergraduate | | | |
| Postgraduate | | | |
| Fellowship | | | |
| Other | | | |

6. Practice History of physician applicant:

| Community | Practice Name/Group | Start Date | Completion Date |
|------------------|----------------------------|-------------------|------------------------|
| | | | |
| | | | |
| | | | |

7. Is the physician applicant prepared to work in the community identified in question B. 2 for 36 months full time as a specialist? Yes
 No
8. Is the physician applicant prepared to sign a contract to repay the full grant should a breach of service occur? Yes
 No
9. I have included my: Curriculum Vitae Landed Immigrant Status (if applicable)

B. To be completed by the Regional Health Authority:

1. Name of Regional Health Authority: _____
2. Name of Community: _____
3. Name of Physician Practice: _____

Will this practice include an academic appointment? Yes
 No

4. What date will the physician commence practice in Saskatchewan? _____
5. Have the physician applicant's qualifications been reviewed by the College of Physicians and Surgeons? Yes
 No
6. Indicate the type of licensure under the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan:

_____ Regular

_____ Provisional

_____ Ministerial

7. Has the physician applicant ever practiced or been licensed in Saskatchewan? Yes
 No

It is the responsibility of the applicant to obtain the required signatures from the Regional Health Authority (RHA) and the Regional Medical Association (RMA) prior to submitting the application to the SMA.

Signed:

 Physician Applicant RHA CEO or Designate RMA President or Designate

Printed: _____ Printed: _____

Date: _____ Date: _____ Date: _____

Please submit to: Specialist Recruitment & Retention Committee
 Saskatchewan Medical Association
 201 – 2174 Airport Drive
 Saskatoon, SK S7L 6M6
 Phone: 306-244-2196 or 1-800-667-3781
 Fax: 306-653-1631