



APPLICATION FOR BENEFITS

Name _____ Address _____
Town _____ Postal Code _____
Phone # _____ Social Insurance # _____

Medical School

Country _____ Degree _____ Graduation Year _____

Medical Practice in Saskatchewan

Current practice location _____ Dates practising _____
Previous practice locations _____ Dates _____

Proposed Education/Training Program

Type of Program _____ Location _____
Program start date _____ Anticipated completion _____

Have you received acceptance for the training? Yes No
If yes, please provide a copy of your enrollment confirmation.

Statement of Program: Please state what you hope to learn and accomplish through this education program. Indicate the need for this type of training in Saskatchewan and your plans upon completion. Attach a separate sheet if necessary. Please type or write legibly.

I hereby commit to completing the required return-in-service of one month for each week of training should I receive funding through this program.

SIGNATURE: _____ DATE: _____

Return to: Committee on Rural & Regional Practice
c/o Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6
Fax: 306-653-1631



The Rural & Regional Extended Leave Program is provided through an agreement between the Saskatchewan Medical Association and the Government of Saskatchewan.

PURPOSE

To provide funds to physicians in rural or regional practice for reimbursement of costs and foregone practice income in order to participate in personalized educational instruction.

The program will support physicians to upgrade skills and knowledge in areas of their choice (such as anaesthesia, obstetrics, surgery, etc.) for periods of time from one to six weeks.

Funding is NOT available to physicians taking extended refresher courses in order to qualify for Canadian licensure (i.e. filling in gaps in pre-licensure training).

FUNDING

Eligible physicians may be able to claim up to \$4,000 per week for each week of course attendance to an annual maximum of six weeks or \$24,000. Funds received from the program are taxable. Physicians will not be able to claim funds from this program and the CME bank or Rural & Regional Practice Enhancement Training program for the same educational experience.

The amount of funds available for the program is limited and therefore the Committee on Rural & Regional Practice reserves the right to prorate or prioritize applications. The Committee does acknowledge that exceptional circumstances may arise where educational instruction programs exceed six weeks. These cases may be adjudicated on an individual basis by the Committee.

ELIGIBILITY

Physicians must have 12 months of continuous licensure and must have been practicing in rural or regional Saskatchewan for at least 12 months prior to applying to the fund. Physicians receiving monies from the fund will be expected to provide services in rural or regional Saskatchewan for a period of time after completing the educational activity. The service commitment will be one month of service for every week of funding.

Exceptions to the above requirements may be considered by the Committee upon request and will be adjudicated on a case-by-case basis.

The College of Physicians and Surgeons will be asked to adjudicate the merit of proposed courses if the Committee requires such assistance.

HOW TO APPLY

When applying to the program physicians should submit details of the proposed educational experience including proof of acceptance in the course (if received) and the proposed dates.

Approval of funding prior to commencement of training will be considered favourably by the committee. Applications must be submitted within six months of completion of training in order to be considered. The completed application should be returned to the Saskatchewan Medical Association office. The Committee on Rural & Regional Practice will adjudicate the applications. Applicants will be advised as to the disbursement of funds.