



SPECIALIST RECRUITMENT & RETENTION COMMITTEE
SPECIALIST PHYSICIAN ENHANCEMENT TRAINING

APPLICATION FORM

A. To be completed by the Applicant:

1. Name: _____
2. Mailing Address: _____

3. Phone Number: _____
4. Email address: _____
5. Please list the Saskatchewan communities in which you have practiced and the start and end dates of your practice there:

6. Please list your qualifications including your licensure status in Saskatchewan and any specialty training you may have:

7. In which specialty are you currently practicing? _____
8. Under which category of Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan are you licensed?
 Regular Ministerial
 Provisional
9. In which area are you interested in obtaining enhanced training? _____

10. Where do you plan to obtain this training? _____
11. If this training is to be received at an institution other than the University of Saskatchewan, please explain the reasons.

12. What is the anticipated start date of the training? _____
13. What is the length of the training? _____
14. Is the training to be done on a full-time or part-time basis? _____
15. I have included my: Curriculum Vitae Letter from Program Director

B. To be completed by the Health Region: (submit additional information as necessary)

1. In which community will the applicant be practising? _____
2. How many physicians are currently practising in this community & specialty?

3. What is the practice structure of physicians in this community (solo/group)?

4. How will this community benefit from the specialized training the applicant plans to take?

5. Is the community currently equipped to provide additional services? Yes No
If not, what additional resources, facility alterations or staffing would be required to permit the physician to provide the requested specialized services?

6. What plans or initiatives has your region taken to ensure that the requisite supports are in place to support this physician?

7. Does the College of Physicians and Surgeons support the applicant's request to practise in your region? Yes No

I declare that all information provided in this application is accurate and valid. I grant the Specialist Recruitment & Retention Committee permission to contact any individual referenced in this application.

Signed:

Applicant

Regional CEO (or designate)

Head of Department

Printed: _____

Date

Date

Date

Please submit to: Specialist Recruitment & Retention Committee, SMA
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6