

SPECIALIST RECRUITMENT & RETENTION COMMITTEE
SPECIALIST PHYSICIAN ENHANCEMENT TRAINING ADVANCED
EDUCATION APPLICATION
CHECKLIST

- Application Form
- Curriculum Vitae
- Letter from the Program Director/Program acceptance letter
- Breakdown of administration costs

SPECIALIST RECRUITMENT & RETENTION COMMITTEE
SPECIALIST PHYSICIAN ENHANCEMENT TRAINING ADVANCED
EDUCATION APPLICATION FORM

TO BE COMPLETED BY THE APPLICANT

(submit additional information as necessary)

| | | | |
|----------------------------|--|-----------|--|
| First Name | | Last Name | |
| Mailing Address | | | |
| Phone Number | | Email | |
| Current Practice Specialty | | Licensure | <input type="checkbox"/> Regular <input type="checkbox"/> Ministerial <input type="checkbox"/> Provisional |

List of Saskatchewan Communities in which you have practiced:

| Community | State Date | End Date |
|-----------|------------|----------|
| | | |
| | | |
| | | |

Advanced Education Training:

1. In which area are you interested in obtaining enhanced training?

2. Where do you plan to obtain this training?

3. What is the anticipated start date of the training?

4. What is the length of the training?

5. If this training is to be received at an institution other than the University of Saskatchewan, please explain the reasons.

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

Date

Please submit to: Specialist Recruitment & Retention Committee, SMA
 201 – 2174 Airport Drive
 Saskatoon, SK S7L 6M6
 rsprograms@sma.sk.ca