

SPECIALIST RECRUITMENT & RETENTION COMMITTEE

**SPECIALIST PHYSICIAN ENHANCEMENT
TRAINING CLINICAL APPLICATION
CHECKLIST**

- Application Form – A. To be completed by the applicant
- Application Form – B. To be completed by the organization/agency
- Application signatures (required for all applications)
- Curriculum Vitae
- Letter from the Program Director
- Breakdown of administration costs
- Letter from Organization/Agency

SPECIALIST RECRUITMENT & RETENTION COMMITTEE

SPECIALIST PHYSICIAN ENHANCEMENT TRAINING CLINICAL APPLICATION FORM

A. TO BE COMPLETED BY THE APPLICANT

(submit additional information as necessary)

First Name		Last Name	
Mailing Address			
Phone Number		Email	

List of Saskatchewan Communities in which you have practiced:

Community	State Date	End Date

Practice History

- List qualifications (including licensure in Saskatchewan and specialty training):

- In which specialty are you currently practicing? _____

- Under which category of Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan are you licensed? **Regular** **Ministerial** **Provisional**

Clinical Training

- In which area are you interested in obtaining enhanced training? _____
- Where do you plan to obtain this training? _____
- What is the anticipated start date of the training? _____
- What is the length of the training? _____
- If this training is to be received at an institution other than the University of Saskatchewan, please explain the reasons.



B. TO BE COMPLETED BY THE SUPPORTING ORGANIZATION/AGENCY

(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

Organization/Agency Representative

Department/Division Lead

Printed: _____

Date

Date

Date

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



SASKATCHEWAN
MEDICAL ASSOCIATION