

SPECIALIST RECRUITMENT & RETENTION COMMITTEE

**SPECIALIST RECRUITMENT
INCENTIVE APPLICATION FORM**

A. TO BE COMPLETED BY THE APPLICANT

First and Middle Name		Last Name	
Address		Postal Code	
Phone		Email	
Residency Status			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant – Date received: dd/mm/yyyy _____ <input type="checkbox"/> Other _____ (Please provide verification)			

Education Qualifications

	Institution	Degree/Program	Year Complete
Undergraduate			
Residency			
Post residency fellowship/sub specialty			
Postgrad clinical training			
Postgrad non-clinical training			

Practice History

Community	Practice Name/Group	Start Date	Completion Date

Practice Questions

1. Are you prepared to work in a Saskatchewan community for 36 months as a full time specialist?
___ Yes ___ No
2. Are you prepared to the sign a contract to repay the full grant should a breach of service occur?
___ Yes ___ No

Attachments

- ___ Curriculum Vitae
___ Landed Immigrant Status (if applicable)

Signature of Applicant: _____

Printed Name: _____

Date: _____

It is the responsibility of the applicant to obtain the required signatures from the supporting agency/organization prior to submitting the application to the Saskatchewan Medical Association.

Please submit applications 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
Email: rsprograms@sma.sk.ca



SASKATCHEWAN
MEDICAL ASSOCIATION

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B. TO BE COMPLETED BY THE SUPPORTING AGENCY/ORGANIZATION

1. Supporting Agency/Organization: Saskatchewan Health Authority
 Saskatchewan Cancer Agency
2. Name of Community: _____
3. Physician Specialty: _____
 - a. Additional specialty details (if applicable):

4. Will this practice include an academic appointment?
 Yes
 No
5. What date will the physician commence practice in Saskatchewan? _____
6. Have the physician applicant's qualifications been reviewed by the College of Physicians and Surgeons?
 Yes
 No
7. Indicate the type of licensure under the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan:
 Regular
 Provisional
 Ministerial
8. Has the physician applicant previously practiced or been licensed in Saskatchewan?
 Yes
 No

It is the responsibility of the applicant to obtain the required signatures from the supporting agency/organization prior to submitting the application to the Saskatchewan Medical Association.

Verified by:

Supporting Agency/Organization Signature

Date

Position



SASKATCHEWAN
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