



COMMITTEE ON RURAL & REGIONAL PRACTICE
RURAL & REGIONAL PHYSICIAN ENHANCEMENT
TRAINING PROGRAM

APPLICATION FORM - Family Medicine Residents

1. Name: _____
2. Mailing Address: _____

3. Phone Number: _____
4. Email address: _____
5. Gender: Male ____ Female ____
6. At which educational institution are you enrolled? _____
7. When will you complete your residency? (Date) _____
8. In which area are you interested in obtaining enhanced training? (Check one)
 - Obstetrics Psychiatry Geriatrics
 - Anaesthesia Emergency Medicine General Surgery
9. Where do you plan to obtain this training? _____
10. If you plan on receiving training at an institution other than the University of Saskatchewan, please explain the reasons.

11. What is the length of the training? (minimum 6 months) _____
12. Please provide names of physicians and/or district representatives (CEO) with whom you have been in contact regarding establishing practice, as well as their respective community.

Name	Physician Please check	District CEO Please check	Community

13. Please indicate your preference of practice community, in which to fulfill your return-in-service commitment.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

14. Have the communities listed indicated that, upon completion of your enhanced training, they will be able to provide the necessary resources that will allow you to utilize the specialized skills? Yes No

If not, what additional resources, facility alterations or staffing would be required to permit the physician to provide the requested specialized services?

15. I have included my: Curriculum Vitae Letter from Program Director
 Letter from institution indicating I meet the entrance requirements and describing the program

I declare that all information provided in this application is accurate and valid. I grant the Committee on Rural Practice permission to contact any individual referenced in this application.

Signed:

Applicant

Date

Please submit to: Committee on Rural & Regional Practice
Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6
email: rsprograms@sma.sk.ca