

**RURAL & REGIONAL PRACTICE COMMITTEE**

**RURAL & REGIONAL EXTENDED LEAVE  
PROGRAM CHECKLIST**

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- Application Form
  - Curriculum Vitae
- Enrolment Confirmation

# RURAL & REGIONAL PRACTIC COMMITTEE

## RURAL & REGIONAL EXTENDED LEAVE PROGRAM

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The Rural & Regional Extended Leave Program is provided through an agreement between the Saskatchewan Medical Association and the Government of Saskatchewan.

### PURPOSE

To provide funds to physicians residing and practicing in rural or regional Saskatchewan for reimbursement of costs and foregone practice income in order to participate in personalized educational instruction.

The program will support physicians to upgrade skills and knowledge in areas of their choice (such as anaesthesia, obstetrics, surgery, etc.) for periods of time from one to six weeks.

Funding is NOT available to physicians taking extended refresher courses in order to qualify for Canadian licensure (i.e. filling in gaps in pre-licensure training).

Funding is NOT available for physicians who would like to supplement a volunteer experience.

### FUNDING

Eligible physicians may be able to claim up to \$4,000 per week for each week of course attendance to an annual maximum of six weeks or \$24,000. Funds received from the program are taxable. Physicians will not be able to claim funds from this program and the CME bank or Rural & Regional Practice Enhancement Training program for the same educational experience.

The amount of funds available for the program is limited and therefore the Committee on Rural & Regional Practice reserves the right to prorate or prioritize applications. The Committee does acknowledge that exceptional circumstances may arise where educational instruction programs exceed six weeks. These cases may be adjudicated on an individual basis by the Committee.

### ELIGIBILITY

Physicians must have 12 months of continuous licensure. Physicians must have been practicing and residing in rural or regional Saskatchewan for at least 12 months prior to applying to the fund. Physicians receiving monies from the fund will be expected to continue provide services in rural or regional Saskatchewan for a period of time after



completing the educational activity. The service commitment will be one month of service for every week of funding.

**Exceptions to the above requirements may be considered by the Committee upon request and will be adjudicated on a case-by-case basis.**

The College of Physicians and Surgeons will be asked to adjudicate the merit of proposed courses if the Committee requires such assistance.

### **HOW TO APPLY**

When applying to the program physicians should submit details of the proposed educational experience including documentation demonstrating a formal learning environment with supervision, proof of acceptance in the course (if received), and the proposed dates.

Approval of funding prior to commencement of training will be considered favourably by the committee. Applications must be submitted within six months of completion of training in order to be considered. The completed application should be returned to the Saskatchewan Medical Association office. The Committee on Rural & Regional Practice will adjudicate the applications. Applicants will be advised as to the disbursement of funds.

Updated:  
September 2018  
September 2020  
March 2022



**SASKATCHEWAN**  
MEDICAL ASSOCIATION

**RURAL & REGIONAL PRACTICE COMMITTEE**

# RURAL & REGIONAL EXTENDED LEAVE PROGRAM PARAMETERS

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<b>First Name</b>		<b>Last Name</b>	
<b>Mailing Address</b>			
<b>Phone Number</b>		<b>Email</b>	
<b>Current Practice Specialty</b>		<b>Social Insurance #</b>	

### Medical practice history in Saskatchewan

<b>Community</b>	<b>Start Date</b>	<b>End Date</b>

### Proposed education/training program

Have you received acceptance for the training?  Yes  No

If yes, please provide a copy of your enrollment confirmation.

Is there a supervisory component in the learning environment?  Yes  No

If yes, please provide the name and contact information of the Supervisor.

Supervisor Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

<b>Type of Program</b>	
<b>Location</b>	
<b>Program start date</b>	
<b>Anticipated completion date</b>	

