



Saskatchewan Health

3475 Albert Street  
Regina, Canada  
S4S 6X6

# APPLICATION: NORTHERN / RURAL / HARD TO RECRUIT GRANT FOR PHYSICIANS

<b>I PERSONAL DATA</b>				<b>CONTACT INFORMATION OF CLOSE RELATIVE (NOT LIVING WITH YOU)</b>				
Surname		First Name	Initial	Male/Female	Surname		First Name	Initial
Current Address Street				Current Address Street				
City/Town/Province/Country			Postal Code	City/Town		Postal code		
Current E-mail Addresses				Current E-mail Addresses				
1.				1.				
2.				2.				
Current Phone Numbers				Current Phone Numbers				
Home		Other(s)		Home		Other(s)		
<b>Do you have landed immigrant status?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please attach a copy of verification.		<b>Are you foreign trained?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please attach a copy of verification		<b>Are you a Canadian citizen?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Saskatchewan Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations.</b>  Do you consider yourself to be an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, are you: Status <input type="checkbox"/> Non Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> (please check all that apply)		
<b>II POSITION IN SASKATCHEWAN</b>								
Name and Address of Employment/Practice			Employment/Type of Practice (please check all that apply)			What is your current licensure status with the College of Physicians and Surgeons of Saskatchewan?		
Discipline/Specialty: _____			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Term <input type="checkbox"/> Group (more than 3) <input type="checkbox"/> Primary Health Care Team <input type="checkbox"/> Solo Practice <input type="checkbox"/> Other (specify) <input type="checkbox"/>			<b>Please indicate the section of <i>The Medical Profession Act</i> under which you are registered:</b>		
			Start Date: _____			<b>Note: Employment/practice must have commenced on or after the start date of the Grant Program on October 18<sup>th</sup>, 2006 for the application to be considered.</b>		



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## NAME

Surname

First Name

Initial

Please indicate if your position is northern, rural, or hard to recruit:

- Northern (geographical areas encompassing the health regions of Keewatin Yatthé, Athabasca, Mamawetan Churchill River)
- Rural (areas outside a 60-kilometre radius of the City of Regina and the City of Saskatoon)
- Hard to Recruit (Within the City of Regina and the City of Saskatoon, within a 60-kilometre radius of the City of Regina and the City of Saskatoon, and as designated by the Regina Qu'appelle Health Authority, the Saskatoon Health Authority, and the Saskatchewan Cancer Agency)

If you have indicated that your position is northern or rural, are you moving to establish principle residency and living at this location as well as working in this position?

- Yes
- No

### PRACTICE

If you live in or outside of Saskatchewan and accept a position in a rural, northern, or hard-to-recruit position, please indicate the following preference:

- One-year of practice return in service grant \*
- Two-years of practice return in service grant \*

\* Note: if the position is hard to recruit, the recipient must commit a return in service to the position hired into. Rural and northern recipients must commit a return in service to the Health Region hired into.

### PRACTICE AND RESIDE

In addition, if you live in Saskatchewan and accept a position AND move to reside in a rural or northern location, please indicate your preference for additional funding:

- An additional one-year of practice return in service grant
- An additional two-years of practice return in service grant
- I do not want additional funding for working in this position AND moving to reside in this location

## III NORTHERN / RURAL / HARD TO RECRUIT GRANT BACKGROUND INFORMATION

What position did you hold prior to accepting this one? (title)

Where was your position located? (city and province)

How long did you work there prior to accepting this new position?

Did you find your new position through the Recruitment Agency [www.healthcareersinsask.ca](http://www.healthcareersinsask.ca)?  Yes  No

How long have you lived in Saskatchewan?

Are you a new graduate?  
(completed your program of study within the past one year)  Yes  No

Are you self-employed?  Yes  No

Did you apply for a Saskatchewan Health Relocation Grant?  Yes  No

In making a decision to accept this position, did the grant:

- Strongly contribute to your decision?
- Have no impact on your decision?
- Provide one of many factors contributing to your decision?
- Other (please describe)

How did you hear about this grant program?

- [www.HealthCareersInSask.ca](http://www.HealthCareersInSask.ca)
- Saskatchewan Health Website
- Word of Mouth
- Career Fair
- Other (please describe)



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## IV RETURN IN SERVICE

To receive the Northern/Rural /Hard to Recruit Grant, applicants are required to sign a formal return in service agreement to “practice” and/or “practice and reside” in Saskatchewan for a specified amount of time. Each equivalent of one year of practice must be provided within two years. Employment must be with an eligible employer within the province of Saskatchewan as approved by the Minister. Each Saskatchewan Health Grant accessed must be provided consecutively (one after the other) as per the terms outlined under each grant agreement. Recipients are not re-eligible to apply for a Saskatchewan Health Northern/Rural/Hard to Recruit Grant if they have received a Saskatchewan Health Northern/Rural/Hard to Recruit Grant previously. This grant is a taxable benefit.

Have you entered, or plan to enter, into any other financial arrangement with a return in service agreement (including any recruitment and retention program offered by the Saskatchewan Medical Association)?

Yes  No If "YES", please explain (attach an additional page if necessary):

### Please enclose the following with your application:

- Written documentation from the College of Physicians and Surgeons in Saskatchewan of licensure status.
- Written verification from the College of Physicians and Surgeons in Saskatchewan of the successful completion of the Clinicians Assessment and Practice Enhancement (CAPE) Program (if required to complete a CAPE program by the College of Physicians and Surgeons in Saskatchewan).
- Written verification of privilege status with the health region.
- \*Written verification of working in a group practice (3 physicians or more) or a primary health care team.

\* Applications are reviewed on a case-by-case basis. An applicant who is practicing in a solo practice must provide a written explanation and description of his/her practice, which will be reviewed by the Relocation and Northern/Rural/Hard to Recruit Grant Committee.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Mail Completed Form To:

Grant Administration  
Saskatchewan Health  
3475 Albert Street  
Regina, SK S4S 6X6  
Phone: 787-7955

**CLICK HERE to access the Northern/Rural/  
Hard to Recruit Grant Information Sheet**

### For More Information:

[www.health.gov.sk.ca](http://www.health.gov.sk.ca)  
[www.HealthCareersInSask.ca](http://www.HealthCareersInSask.ca)

## Checklist For Administration Use Only

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Met Deadline  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Completed Application Form  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| New Graduate  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Written Verification of Privilege Status with the Health Region                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written Verification of the Successful Completion of CAPE   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Written Verification from the College of Physicians and Surgeons in Saskatchewan re: licensure status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Applied for a Relocation Grant  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Written Verification of working within a group practice   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Met the terms surrounding the N/R/H to R work grant   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| Met the terms surrounding the N/R work and reside grant   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |