



COMMITTEE ON RURAL & REGIONAL PRACTICE

PRACTICE ESTABLISHMENT GRANT for EMPLOYED PHYSICIANS

APPLICATION FORM

A. To be Completed by the Applicant:

1. Name of Applicant: _____
2. Current Address: _____

3. Phone number: _____ Email address: _____
4. Canadian Citizen
 Landed Immigrant (please provide documentation)
 Work Permit (please provide documentation)
5. Gender: Male ____ Female ____
6. Qualifications of Physician applicant:

	Name of Institution	Degree	Year completed
Undergraduate:			
Postgraduate:			

Other: _____

7. Please outline your practice history in Saskatchewan. Please refer to the program parameters regarding practice definition.

Rural Saskatchewan community	Start date	Completion Date

8. Are you prepared to work in the community identified in question B. 2 for 18 months as a full-time family physician? Yes No

9. Are you prepared to sign a contract to repay all establishment grant monies should a breach of service occur? Yes
 No
8. I have included my: Curriculum Vitae

B. To be Completed by the Employer:

1. Name of Employer: _____
2. Name of Community: _____
3. Date of commencement of Practice: _____
4. Have the applicant's qualifications been reviewed by the College of Physicians and Surgeons? Yes
 No
5. Indicate the section of *The Medical Profession Act* under which the applicant is or will be registered:
- Section 28 (Full License)
 - Section 29 (Provisional License)
 - Section 30 (Special License)
 - Section 31 (Temporary License/Unsupervised Locum Tenens License)
6. Has the applicant attached a detailed curriculum vitae outlining his/her medical background and work experience? Yes
 No
7. Has the applicant ever practiced in Saskatchewan? Yes
 No

It is the responsibility of the applicant to obtain the required signatures from the Employer and the Regional Medical Association (RMA) prior to submitting the application to the SMA.

Signed:

Physician Applicant

Employer

RMA President or Designate

Printed: _____

Printed: _____

Date: _____

Date: _____

Date: _____

Please submit to: Committee on Rural & Regional Practice
Saskatchewan Medical Association
402 - 321A 21st Street East
Saskatoon, SK S7K 0C1
Phone: 306-244-2196 or 1-800-667-3781
Fax: 306-653-1631