



APPLICATION: RELOCATION GRANT FOR PHYSICIANS

I PERSONAL DATA				CONTACT INFORMATION OF CLOSE RELATIVE (NOT LIVING WITH YOU)		
Surname	First Name	Initial	Male/Female	Surname	First Name	Initial
Current Address Street City/Town/Province/Country Postal Code				Current Address Street City/Town/Province/Country Postal code		
Current E-mail Addresses 1. 2.				Current E-mail Addresses 1. 2.		
Current Phone Numbers Home Other(s)				Current Phone Numbers Home Other(s)		
Do you have landed immigrant status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of verification. Are you foreign trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of verification. Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				Saskatchewan Health is committed to building opportunities for full participation by Aboriginal people in health-related occupations. 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)		
II TYPE OF PRACTICE IN SASKATCHEWAN						
Discipline/ Speciality		Employment/Type of Practice (please check all that apply)			What is your current licensure status with the College of Physicians and Surgeons of Saskatchewan?	
Name and Address of Employment/Practice		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"/>			Please indicate the section of <i>The Medical Profession Act</i> under which you are registered:	
Start Date: _____		Note: Employment/practice must have commenced on or after the start date of the Grant Program on October 18th, 2006 for the application to be considered.			Section 28 (Full License) <input type="checkbox"/> Section 29 (Provisional License) <input type="checkbox"/> Section 30 (Special License) <input type="checkbox"/> Section 31 (Temporary License/ Unsupervised Locum Tenens License) <input type="checkbox"/>	



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NAME

Surname

First Name

Initial

III RELOCATION BACKGROUND INFORMATION

Where are you relocating from? (city, province, country)

How long did you live and work there prior to accepting a position in Saskatchewan? (years)

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

Did you find your new position through the Recruitment Agency www.healthcareersinsask.ca? Yes No

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

Did you apply for a Saskatchewan Health Northern/Rural/Hard to Recruit Grant? Yes No

In making a decision to relocate to this position in Saskatchewan, 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
- Saskatchewan Health Website
- Word of Mouth
- Career Fair
- Other (please describe)

IV RETURN IN SERVICE

To receive the Relocation Grant, applicants are required to sign a formal return in service agreement to work in Saskatchewan for the equivalent of one year of full time practice to be provided within two years. Employment must be 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 Relocation Grant if they have received a Saskatchewan Health Relocation 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.



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NAME		
Surname	First Name	Initial
<p>I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief.</p> <p>_____</p> <p>Signature of Applicant</p> <p>_____</p> <p>Date</p>		<p>Mail Completed Form To: Grant Administration Saskatchewan Health 3475 Albert Street Regina, SK S4S 6X6 Phone: 787-7955</p> <p>CLICK HERE to access the Relocation Grant Information Sheet</p> <p>For More Information: www.health.gov.sk.ca www.HealthCareersInSask.ca</p>

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 Northern/Rural/Hard to Recruit Grant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Written Verification of working within a group practice or within a primary healthcare centre | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |