Application for Resident Extracurricular Independent Clinical Practice
(unsupervised practice)

Name of Resident Applicant: __________________________________________________________

Program: __________________________________________________________________________

New Application: Cannot exceed 6 months. Expires at closest of Expiry Dates. Application for renewal must be submitted as per timelines outlined in “Renewal Application” box below. New application requests MUST be received a minimum of 2 weeks prior to requested start date.

Start Date: ___________________________ Expiry Date: ____________

Renewal Application: Cannot exceed 6 months. Note timelines.

Renewal Terms:

☐ May 1 to October 31 (Deadline for submission to Postgraduate Medical Education Office no later than March 15)

☐ November 1 to April 30 (Deadline for submission to Postgraduate Medical Education Office no later than September 15)

I have reviewed the Independent Clinical Practice Policy and hereby accept the terms and limitations of the Independent Clinical Practice Policy and of the attached practice plan. I acknowledge that any change requires a revised practice plan and new approval. I agree that I will take responsibility for ensuring that all Independent Clinical Practice activities are reported on a monthly basis to the Postgraduate Medical Education Office.

___________________________________________
Resident Date

I have reviewed this application and the attached practice plan. I am satisfied that undertaking such Independent Clinical Practice is not anticipated to interfere with this resident’s education.

___________________________________________
Program Director Date

I have reviewed this application and attached practice plan and approve this submission based on the recommendation by the Program Director.

___________________________________________
Associate Dean, Postgraduate Medical Education Date

Must attach with new application: (1) Resident’s Independent Clinical Practice plan; (2) copy of CCFP /RCPSC Certification; (3) proof of LMCC; (4) proof of CMPA work code 14; (5) copy of CPSS license.

Must attach with renewal: Resident’s Independent Clinical Practice plan;

Submit to: Associate Dean, c/o Jennifer Dybvig, Postgraduate Medical Education, Room 411 St.Andrew’s College, 1121 College Drive

**Resident is responsible for obtaining the appropriate license, reporting the license number to CMPA, obtaining appropriate approval/privileges with the appropriate health region, and reporting Independent Clinical Practice activities on a monthly basis to the Postgraduate Education Office.**