

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:** April 30 October 31

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.**