UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Resident Redeployment Application Form (COVID-related work)

Residents volunteering for redeployment must submit to the Postgraduate Medical Education Office, in addition to this form, the following:

- Proof of CMPA type of work code (no need to change code from 12 to 14)

Once the redeployment request has been approved, the **resident is responsible** for:

- Obtaining the appropriate emergency license from CPSS (at no charge to the resident)
- Reporting the CPSS emergency license number to CMPA
- Obtaining appropriate approval/privileges with the health authority

Section 1: Resident Information

Name:	
Program:	
Training Year:	

Section 2: Redeployment Information

Start date:	Click here to enter a date.	End date:	Click here to enter a date.
Person responsible for scheduling your redeployment shifts:			
Contact information for the scheduler:			

Section 3: Job Details.

The job details, which are submitted by the resident and approved by the College of Medicine, should contain the following details:

- Information about the work to be provided by the resident.
- Confirmation of the competencies obtained by the resident to do the job. These competencies must be confirmed by the supervisor or the most responsible physician (MRP) who provided the applicable training. Contact details and signature from the supervisor are required.
- Any other restrictions or limitations that the person approving the application would deem appropriate.

Location of service: *(Name of hospital/clinic, city)*	
Nature of Work:	

Resident Redeployment Application Form (COVID-related work)

Section 4: Competency Confirmation
Has the resident obtained the necessary competencies to deliver the required work? Provide the contact information and signature of the supervisor that can attest to the achieved competencies.

☐ **Yes**, competencies have been achieved

Type of Training Undertaken:	
Date(s) training was completed:	
Is there a significant overlap of skills? Provide details:	
Name of Supervisor:	
Signature of Supervisor:	

Section 5: Assessment
Residents may be given credit for work provided during redeployment. Please provide the name and contact information of the supervisor that will provide an assessment of skills during redeployment. A separate assessment form is available from the PGME office.

Name of Supervisor:	
Signature of Supervisor:	

Section 6: Approvals and Signatures
I acknowledge and accept the terms of the RDOS Collective agreement regarding the maximum hours and limitations on work periods. I acknowledge that any change requires a revised application and new approval. I am responsible for seeking permission from the individual whom I identify as my supervisor (as required by the CPSS for licensing purposes). I further agree that I will take responsibility of ensuring that all redeployment activities are reported to the PGME Office.

Resident:			
Signature		Date	

Program Director:

☐   I have reviewed this application and I am satisfied that volunteering for redeployment is not anticipated to interfere with this resident's education. I agree that this resident possesses the competencies needed to provide the work required.

☐   I have reviewed this application and I am not satisfied that volunteering for redeployment is not anticipated to interfere with this resident's education. I do not agree that this resident possesses the competencies needed to provide the work required.

Program Director:			
Signature		Date	

PGME Associate Dean:

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

Associate Dean, PGME:			
Signature		Date	

Please send all documents and required information via email to:

Sam Curnew
PGME Office, College of Medicine, University of Saskatchewan

Email: sam.curnew@usask.ca