



Resident applying for independent clinical practice for the first time must submit to the Postgraduate Medical Education Office, in addition to this form, the following:

- Independent Clinical Practice Plan
- Copy of CFPC/ RCPSC certification
- Proof of LMCC
- Proof of CMPA type of work code
- Copy of College of Physicians and Surgeons of Saskatchewan (CPSS) license

For renewal of independent clinical practice, resident should only submit this form and the Independent clinical practice plan.

Resident is responsible for obtaining the appropriate license; reporting the license number to CMPA; obtaining appropriate approval/privileges with the health authority; and reporting independent clinical practice activities monthly to the PGME Office.

Section 1: Resident Information

Name:	
Program:	
Training Year:	

Section 2: Independent Clinical Practice Information

New Application:

New Application cannot exceed 6 months and expires at closest expiry date. New applications must be submitted a minimum 2 weeks prior to the request start date.			
Start date:	Click here to enter a date.	Expiry date:	<input type="checkbox"/> April 30 <input type="checkbox"/> October 31 <input type="checkbox"/> Other (provide date): Click or tap to enter a date.

Renewal Application:

Renewal Application cannot exceed 6 months . Please note the timelines, as failure to meet deadlines for renewal may result in loss of privileges for the next six-month period.	
Renewal terms:	<input type="checkbox"/> May 1 to October 31 <i>Deadline for submission to the PGME Office is March 15.</i> <input type="checkbox"/> November 1 to April 30 <i>Deadline for submission to the PGME Office is September 15.</i>



Section 4: Approvals and Signatures

I have reviewed the PGME Moonlighting and Independent Clinical Practice policy and accept the terms and limitations 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 of ensuring that all independent clinical practice activities are reported monthly to the PGME Office.

Resident:			
Signature		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:			
Signature		Date	

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

Associate Dean, PGME:			
Signature		Date	



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Independent Clinical Practice Application

Please send all documents and required information via email to the following:

Sonja Lazic

Email: sonja.lazic@usask.ca