



Medical Services Branch
3475 Albert Street
Regina, Canada
S4S 6X6

**Application for the Ministry of Health
Clerkship Stipend Payments
2025 – 2027**

Surname _____ First name _____ Initial _____
(Please print clearly)

Social Insurance Number: _____

☐ Male ☐ Female

**Current Address and Email Address for
correspondence, cheques, deposit advices and
T4A's.**

Street:

City/Town:

Postal Code:

Email Address:

Telephone Number: ()

Permanent Address:

☐ Check if same as Current Address

Street:

City/Town:

Postal Code:

Email Address:

Telephone Number: ()

EDUCATION

Type of Institution	Name of University	Specialization	Name of Degree	Date Completed
University:				
Other:				

UNDERGRADUATE MEDICAL PROGRAM:

Current Year in Program _____ Final Completion Date (dd/mth/yr) _____

I am eligible to receive these monies and agree to immediately notify Ministry of Health in the event of any change in my eligibility by emailing AccountingUnitMSB@health.gov.sk.ca or faxing to (306) 787-3761. By providing your signature, you are consenting to receiving your payment advices and T4As to be delivered to the above email address.

I hereby certify that all information and statements made in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Mail completed form to:

Laura Bennett
Medical Services Branch
Ministry of Health
3475 Albert Street
Regina SK S4S 6X6

Phone: (306) 787-3461
Fax: (306) 787-3761
e-mail: AccountingUnitMSB@health.gov.sk.ca