

IN THE MATTER OF AN APPLICATION TO
**The College of Physicians and Surgeons
of Saskatchewan**
REGISTRATION AS A MEDICAL STUDENT



NAME _____
Surname Given Names (full legal name, no initials please)

ADDRESS _____
Street City State/Prov Postal Code

PLACE OF BIRTH _____ DATE OF BIRTH _____
City State/Prov Country

EMAIL ADDRESS _____ PHONE # _____ CELL# _____

CITIZENSHIP _____ PASSPORT # _____ GENDER Male Female X

WHAT PRELIMINARY EDUCATIONAL CERTIFICATES OR DEGREES DO YOU HOLD? (State where and when obtained.)

PERSONAL INFORMATION		Yes	No
1.	Have you ever had any application for medical licensure rejected?		
2.	Have you ever had your medical license, registration or certificate suspended or revoked?		
3.	Have you ever been suspended, disqualified, censured, or had any disciplinary action taken against you as a member of any profession?		
4.	Have you at any time been suspended, expelled or otherwise disciplined for any academic or non-academic offence by a post-secondary institution?		
5.	Have you at any time begun a training program of any description that you did not complete?		
6.	Have you ever been convicted of a criminal offence?		
7.	Have you been arrested or charged with any criminal offence, in Canada or elsewhere?		
8.	To the best of your current knowledge and belief, are you currently under investigation for possible criminal conduct, in Canada or elsewhere?		
9.	Have you ever had your privileges restricted, suspended, or removed by a hospital or authority controlling a hospital?		
10.	Have you ever had your staff appointment terminated by a hospital or authority controlling a hospital?		
11.	Have you ever had your ability to purchase or prescribe narcotic or restricted drugs restricted?		
12.	Have you ever tested positive for a blood-borne virus, such as hepatitis B virus (HBV), hepatitis C (HCV) or Human immunodeficiency virus (HIV)?		
13.	Following review of the CPSS policy ' Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students ' and Bylaw 24.1 "Reporting of Blood-borne Viruses" , are you compliant with the policy and bylaw?		

PERSONAL INFORMATION		Yes	No
14.	Do you have, or has a health professional ever advised you that you have, a physical, cognitive, mental and/or emotional condition (not including blood borne virus) which in any way may reasonably be expected to pose a risk of harm to patients or to negatively impact your work as a student interacting with/involved in the care of patients?		
15.	Have you ever had, or have you ever been advised by a health professional that you had, a physical, cognitive, mental and/or emotional condition (not including a blood borne virus) which in any way may, should it reoccur, reasonably be expected to pose a risk of harm to patients or to negatively impact your work as a student interacting with/involved in the care of patients?		
16.	Have you ever been sued for malpractice?		
17.	Have you been sued in a civil action relating to fraud?		
18.	Have you ever used a name other than the name under which you are applying for licensure?		
19.	Have you ever failed any examination or assessment process relating to your knowledge or skills in medicine or which was intended to lead to certification in the practice of medicine? (Examples of such examinations are the examinations of the Medical Council of Canada, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, USMLE, FLEX, American Boards of Medical Specialties, etc.).		

Please provide an explanation for any "Yes" answers from the previous questions:

I, _____ DO Solemnly DECLARE I am the person named in this application and the statements herein contained are true in substance and in fact; I authorize any institution, person or authority to give such information to the College of Physicians and Surgeons of Saskatchewan, its Registrar and Council, as they may request. This authorization further extends to expressions of opinion relating to my conduct or character by any person contacted by the College of Physicians and Surgeons of Saskatchewan. I acknowledge that the College of Physicians and Surgeons may receive reports as to my performance from my program director. In the event my name is entered in the Educational Register and it subsequently appears to the Council I have: (a) omitted giving any information in this application or otherwise which in the opinion of Council is material, or (b) in any way misled the Council in this my application or otherwise, or (c) given false, misleading or ambiguous information on any point which in the opinion of Council is material, Council may thereupon strike my name from such Register. I make this solemn declaration conscientiously believing the same to be true, and knowing it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signed.....

Dated.....

Please provide any feedback on how we can improve this form:

FOR OFFICE USE ONLY	CHECKED BY	DATE	REMARKS
REGISTRATION APPROVED			
REGISTRATION GRANTED			
FEE RECEIVED			
ENTERED TO EDUCATIONAL REGISTER			
ENTERED IN COMPUTER			
CERTIFICATE E-MAILED			

LICENCE NUMBER	REMARKS