



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

**Application for the Ministry of Health  
Clerkship Stipend Payments  
2026 – 2028**

\_\_\_\_\_, \_\_\_\_\_  
Surname First name Initial  
(Please print clearly)

Social Insurance Number: \_\_\_\_\_

Do you consent to receive your T4A electronically?

Yes

Email Address: \_\_\_\_\_

NO

**Current Address and Email Address for  
correspondence, cheques, deposit advice 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](mailto: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:**

Krista Blenkin  
Medical Services Branch  
Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6

Phone: (306) 787- 2469  
Fax: (306) 787-3761  
e-mail: [AccountingUnitMSB@health.gov.sk.ca](mailto:AccountingUnitMSB@health.gov.sk.ca)