



Section 1: Resident Information

Name:	
Address:	
Program:	
Training Year:	

Section 2: Independent Clinical Practice Information

Name of service:	
Location of service: <i>(Name of hospital/clinic, city)</i>	
Dates of approval:	<input type="checkbox"/> May 1 to October 31 <input type="checkbox"/> November 1 to April 30
Job description:	

Section 3: Signature

I acknowledge and accept the terms of the PGME Moonlighting and Independent Clinical Practice policy, and RDOS Collective agreement regarding the maximum hours and limitations on work periods.

Resident:			
Signature		Date	



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Independent Clinical Practice Plan

Please send all documents and required information via email to:

Sonja Lazic
PGME Office, College of Medicine, University of Saskatchewan

Email: sonja.lazic@usask.ca