CPSS College of Physicians and Surgeons of Saskatchewan

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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 | Date

GENDER Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer ☐

EMAIL ADDRESS _____ PRIMARY CONTACT# _____
Cell Phone ☐ Landline ☐

CITIZENSHIP _____ PASSPORT # _____

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?	☐	☐

	PERSONAL INFORMATION	Yes	No
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**?	☐	☐
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 a blood-borne virus) which in any way may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a physician?	☐	☐
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 in any way may, should it reoccur, reasonably be expected to pose a risk of harm to a patient or negatively impact your work as a physician?	☐	☐
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, USMLE, FLEX, the College of Family Physicians of Canada, American Boards of Medical Specialties, etc.).	☐	☐

Please provide an explanation for any **"Yes"** answers from the previous questions ***(with exception to question 12)***. **Please do not provide any personal health information on this form.** Please also provide an explanation if you answered **'No'** to question 13. If '**Yes**' is answered to any of the above questions, a Registration Services staff member may reach out to you by email for more information. Please e-mail cpssreg@cps.sk.ca or call our office at 306-244-7355 if you need assistance.

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.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

	CHECKED BY	DATE	REMARKS
REGISTRATION APPROVED			
REGISTRATION GRANTED			
FEE RECEIVED			
ENTERED IN EDUCATIONAL REGISTER.....			
ENTERED IN COMPUTER			
CERTIFICATE EMAILED			

LICENCE NUMBER.....	
DATE OF REGISTRATION.....	

Start Date – End Date