

CURRICULUM VITAE FOR FAMILY PHYSICIAN APPLICANTS

Have you previously been registered in Saskatchewan? _____

If you answered "Yes" to the above, please fill out Sections, **1, 4 & 5 (if applicable) and 6 through 10.**

Are you currently registered in another Canadian jurisdiction? If so, please name jurisdiction _____. You should be advised that the College may require you to complete an authorization form to permit the College to obtain additional information related to your medical practice.

Are you planning on working for longer than 30 days? _____

Have you been put through any assessment in Canada? _____ (If so, attach assessment)

Section 1 – Identification

Surname _____

Given Names: _____

Date of Birth: _____

Mailing address: _____

Postal Code: _____

Telephone Number: _____

FAX Number: _____

Email address: _____

Region you are applying to (if applicable): _____

Contact person (if applicable): _____

Section 2 – Undergraduate and Medical Training

Name of University (Universities) attended prior to medical school:

Dates which attended: _____

Degrees granted, if any: _____

Medical Degree obtained (Name of University)

Year obtained: _____

Full Name as it appears on your Medical Degree or Diploma:

Surname _____

Given Names: _____

Complete Mailing Address of the University or School of Medicine including Country:

Section 6 – Practice History

Complete your practice history beginning with your positions held chronologically from the date you completed your medical degree to the present. You must include the name of every location in which you have practiced medicine, including training, clinical fellowships, research fellowships, etc.

Location _____
A brief description of your practice _____

Dates: from/to _____
Hospital or Clinic _____

Location _____
A brief description of your practice _____

Dates: from/to _____
Hospital or Clinic _____

Location _____
A brief description of your practice _____

Dates: from/to _____
Hospital or Clinic _____

Location _____
A brief description of your practice _____

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Location _____
A brief description of your practice _____

Dates: from/to _____
Hospital or Clinic _____

Location _____
A brief description of your practice _____

Dates: from/to _____
Hospital or Clinic _____

Location _____

A brief description of your practice _____

Dates: from/to _____

Hospital or Clinic _____

During the past three years have you practiced the full range of family medicine (i.e. including obstetrics, pediatrics, treatment of psychiatric conditions, work in an emergency department, work in hospital etc.)?

_____ Yes _____ No

If no, describe the limitations in your practice.

Are there any periods of time since completing your medical degree during which you did not practice medicine?

_____ Yes _____ No

If there are any periods of time in which you did not practice medicine, list those periods of time, explain why you were not practicing during this time, and provide a description of what you were doing during this period.

Most recent absence from practice:

Dates for which not practicing (from/to): _____

Reason for not practicing _____

Description of what you were doing during this period: _____

Previous absence from practice:

Dates for which not practicing (from/to): _____

Reason for not practicing _____

Description of what you were doing during this period: _____

Previous absence from practice:

Dates for which not practicing (from/to): _____

Reason for not practicing _____

Description of what you were doing during this period: _____

Section 7 – Certifications or Qualifications that you hold and dates granted (complete all that apply)

- _____ CCFP date granted: _____
 _____ **Diplomate in Family Medicine, American Board of Medical Specialties** date granted: _____
 _____ **M.Fam. Med** date granted: _____
 _____ **FRACGP** date granted: _____
 _____ **certification from the JCPGTGP** date granted: _____
 _____ **certificate of Completion of Training or a Certificate of Equivalence from the Postgraduate Medical and Training Board** date granted: _____
 _____ **ACLS** (list currency date) _____
 _____ **PACLS** (list currency date) _____

List any other qualifications relevant to your practice of family medicine that you hold and the date that this was granted:

Section 8 – Examinations or evaluations of Medical Skills and Knowledge that you have passed (check all that apply):

Examination	Date	Score	Passing Score
MCCEE			
MCCQE 1			
MCCQE 2			
USLME 1			
USLME 2			
USMLE 3			
Other (list)			
Other (list)			

Section 9 – Provide any other information that you have not provided above that you believe may be useful in deciding whether the College of Physicians and Surgeons of Saskatchewan should grant you a licence to practice medicine.

Section 10 – Questions relating to eligibility to be granted a licence

Please provide an answer to each of the following questions. If the answer to any of questions 1 through 22 is “yes”, provide an explanation for that answer.

		Yes	No
1.	Have you ever had any application for medical licensure rejected?		
2.	Have 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 during your postgraduate training (internship, residency or fellowship) been suspended, expelled or otherwise disciplined by the post-graduate training program?		
6.	Have you at any time begun a training program of any description that you did not complete?		
7.	Have you ever been convicted of a criminal offence?		
8.	Have you been arrested or charged with any criminal offence, in Canada or elsewhere?		
9.	To the best of your current knowledge and belief, are you currently under investigation for possible criminal conduct, in Canada or elsewhere?		
10.	Have you ever been the subject of an enquiry or investigation by a medical licensing authority or hospital?		
11.	Are you aware of any complaint or charge pending against you by any medical licensing authority which might result in you being suspended, reprimanded or otherwise disciplined?		
12.	Have you ever had the scope of your medical practice restricted by a medical licensing authority or hospital?		
13.	Have you ever had your right to bill restricted or removed by a health care paying agency?		
14.	Have you ever had your privileges restricted, suspended or removed by a hospital or authority controlling a hospital?		
15.	Have you ever had your staff appointment terminated by a hospital or authority controlling a hospital?		
16.	Have you ever had your ability to purchase or prescribe narcotic or restricted drugs restricted?		
17.	Have you ever suffered from any condition that may limit your ability to practice or constitute a risk to patients?		
18.	Have you been diagnosed or been treated for dependency on or		

	addiction to alcohol or a drug?		
19.	Have you ever been sued for malpractice?		
20.	Have you been sued in a civil action relating to fraud?		
21.	Since obtaining your medical degree, have you ever used a name other than the name under which you are applying for licensure?		
22.	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, Royal College of Physicians and Surgeons, American Boards of Medical Specialties, etc.).		

If the answer to any of the previous questions is “yes” provide a complete description of the circumstances and examination that relate to the situation that resulted in the answer “yes”.

23. List all licensing authorities that have given you a license or permit to practice medicine starting with the most recent license held and indicate the exact period of time for which you held each license or permit:

Licensing Authority

Dates held

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Please make certain to send along with your screening application:

1. A copy of your ORIGINAL medical degree
2. A copy of the translation of your medical degree (if necessary);

If your training is from:

1. South Africa – please provide a copy of your internship certificate and any other training letters that you may have;
2. UK – please provide a copy of your GPCCT/MRCGP/JCPTCP/CESR certificates;
3. Ireland – please provide a copy of your MICGP
4. Australia – a copy of your FRACGP;
5. Canada – a copy of your Certificate of Completion of Residency;
6. US – a copy of your American Boards in Family Medicine or proof of rotations;

If you have a PCRC account and these documents are in their database, please provide us with your PCRC # and we can view the documents and you would not be required to provide copies. Make sure to share each document with our College.