

# AHS Physician Sponsorship

Alberta Health Services (AHS) is to complete and sign this form to notify CPSA that they are sponsoring a physician. This form provides CPSA with the applicant's proposed practice information under AHS sponsorship. This form is not valid if the physician applicant does not have a CPSA Eligibility Letter.

**APPLICANT FIRST NAME:** \_\_\_\_\_

**APPLICANT LAST NAME:** \_\_\_\_\_

**CPSA TRACKING NUMBER:** \_\_\_\_\_

Discipline the applicant is sponsored by AHS to practise in: \_\_\_\_\_

Does the applicant's intended practice discipline above match the one they have CPSA eligibility for?     Yes             No

To enter independent practice, the applicant requires:

- A Preliminary Clinical Assessment (PCA) and a Supervised Practice Assessment (SPA)
- Only a Supervised Practice Assessment (SPA)

## **SUPERVISOR DETAILS**

Applicants must be supervised while in the SPA portion of their assessment. Please list three potential supervisors. The SPA supervisor cannot have any financial interest in the facility/clinic or personal conflict of interest with the applicant. Potential supervisors should also work in all locations and scope of practice (see page 2) that the applicant needs to be supervised in. These supervisors must be informed that they are listed on this form before you submit it.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PRACTICE LOCATIONS

Specify all locations (name and address) where the applicant will practise following a successful assessment. (e.g., Clinic/Hospital/Long Term Care facility name and address, solo or group practice)

**\*Select all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Clinic                | <input type="checkbox"/> Long-term care in-patient |
| <input type="checkbox"/> Emergency department  | <input type="checkbox"/> Other (specify): _____    |
| <input type="checkbox"/> Walk-in clinic        |  |
| <input type="checkbox"/> Acute care in-patient |  |

**\*NOTE: Assessments that don't include full scope (e.g., clinic only) may result in practice permit restrictions**

### TYPES OF PRACTICE

- Low-Risk Obstetrics
- Dermopathology (For General/Anatomical Pathology)
- Other (specify): \_\_\_\_\_

If this applicant is a **General Practitioner (GP) with special skills related to Anesthesia, Enhanced Obstetrics or Surgery** and has agreed to specific privileging as part of their recruitment, AHS must complete the section below.

AHS accepts responsibility to arrange and assess this applicant's special skills, **after** the Preliminary Clinical Assessment, in the following scope:

- GP Anesthesia: \_\_\_\_\_
- GP Enhanced obstetrical surgical skills (specify): \_\_\_\_\_
- GP Surgery: \_\_\_\_\_

### SPONSORSHIP DETAILS

This applicant is being sponsored for work in the following AHS Zone:

- Central       Edmonton       Calgary       North       South

This applicant has been requested to fulfill needs in the following community:

This applicant has been requested by the following facility:

**FACILITY CONTACT PERSON**

(AHS department or community practice)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated date applicant is available to begin assessment: \_\_\_\_\_

AHS Approval Required: The CPSA will only accept sponsorship request forms signed by a Zone Medical Director, the Chief Medical Laboratory Officer, the Senior Medical Officer of Health, or the Senior Medical Director of CancerControl Alberta.

\_\_\_\_\_  
Leader title

\_\_\_\_\_  
Leader name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leader signature

**If you are unable to sign electronically and use the submit function please email us the signed documents at [Registration@cpsa.ab.ca](mailto:Registration@cpsa.ab.ca).**