

# Program Director Support - Physician Extender Limited

**The Program Director supporting the Physician Extender Limited candidate is to complete this form and return it to the candidate.**

This form of registration is only available to residents and fellows currently enrolled in a psychiatry postgraduate training program in Alberta. Applicants must have completed a minimum of two years postgraduate training in psychiatry, hold the Licentiate of the Medical Council of Canada (LMCC), and have successfully completed training on the Alberta Mental Health Certificates.

## Program Director Information

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
 CPSA registration #: \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_ University of Alberta Calgary  
 Program: \_\_\_\_\_

## Physician Extender Candidate Information

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

## Expression of Support

Candidate has successfully completed at least two years of postgraduate training in psychiatry and is currently enrolled in the psychiatry residency program Yes No

Candidate has successfully completed the training on Alberta Mental Health Certificates: Yes No

Candidate is currently in good standing in postgraduate training in psychiatry: Yes No

Comments (optional):

If applicable, indicate when Program Director support expires: \_\_\_\_\_  
(dd/mmm/yyyy)

Program Director Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(dd/mmm/yyyy)

**Please return this signed document directly to the candidate. The candidate must submit this form to CPSA with their complete application package.**