

# 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

|  |     |    |
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| 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):

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.**