

# Program Director Support - Physician Extender Surgical Assistant

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

## Program Director Information

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

CPSA registration #: \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Program: \_\_\_\_\_

## Physician Extender Surgical Assistant Candidate Information

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

Program name: \_\_\_\_\_

Is the candidate in a Ministry funded program? Yes      No

Candidate has my support to perform Surgical Assists during their training program. 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 at least 30 days prior to the expected start date for Physician Extender Surgical Assistant registration.**