

Program Director Support - Physician Extender

The Program Director supporting the Physician Extender 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 Candidate Information

Surname: _____ Given names: _____

Expression of Support

Candidate has successfully completed at least 18 months of postgraduate training. Yes No

Program name: _____

Candidate is currently in good standing in postgraduate training. Yes No

Program name: _____

Candidate has my support to participate in shifts while enrolled in this training program. 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 at least 30 days prior to the expected start date for Physician Extender registration.