# Provisional Register
## Postgraduate Training Physician Extender

I, *(full name of applicant)*_____, of *(city/town)*_____, **Alberta** in consideration of my registration on the Provisional Register, Postgraduate Training Physician Extender of the College of Physicians & Surgeons of Alberta, do acknowledge and understand that:

1. My liability coverage as a postgraduate trainee may not be adequate protection for a physician extender, and I will have professional medical liability coverage before providing services as a physician extender in Alberta via one of:

   a. membership in the Canadian Medical Protective Association (CMPA),

   b. a policy of professional liability insurance, issued by a company licensed to carry on business in the province of Alberta, that provides coverage of at least $10,000,000.00 per occurrence, or

   c. professional liability coverage, direct or vicarious, through the employer when the member is an employed physician providing medical services to other employees or members of the public as a requirement of their employment.

2. I will practise medicine with supervision, only in high acuity areas in facilities located within the jurisdiction of *(Edmonton or Calgary)*_____ zone of Alberta Health Services.

3. I will practise medicine only as a postgraduate trainee physician extender according to Physician Extender information on the CPSA website under Criteria & How to Apply.

4. My Physician Extender practice permit will be valid only while I am enrolled in a full-time postgraduate training program at the University of *(Alberta or Calgary)*_____, subject to payment of annual renewal fees.

5. This registration will be reviewed at least semi-annually by my employer and training program director.

6. I will not submit claims to Alberta Health for services provided as a physician extender.

I understand that if I cease to comply with the terms of this agreement or the by-laws applicable, either as a result of circumstances or default, the Registrar may, at his discretion, remove my name from the register.

_____          _____          _____
Signature                                            Witness's Signature                              Date

_____          _____
Date                                                   Witness's Name (please print)

_____          _____
Candidate's Registration Number          Address