

## Provisional Register Postgraduate Training Physician Extender Limited

I, *(full name of applicant)* \_\_\_\_\_, of *(city/town)* \_\_\_\_\_, Alberta in consideration of my registration Provisional Register Postgraduate Training Physician Extender Limited, acknowledge and understand that:

1. I may sign Mental Health certificates under the Mental Health Act of Alberta in accordance with my level of training and only in my role as a Psychiatry Postgraduate Trainee.
2. My practice permit is valid only while enrolled in a psychiatry postgraduate training program at the University of *(Alberta or Calgary)* \_\_\_\_\_.
3. This Provisional Register Postgraduate Training Physician Extender Limited registration does not permit me to work shifts as a Physician Extender. To work shifts as a Physician Extender, I must submit the appropriate Physician Extender application and fee.
4. I will not submit claims to Alberta Health for signing Mental Health Certificates.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Witness's Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date