

Provisional Register

Postgraduate Training Physician Extender Surgical Assistant

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

1. I will have professional medical liability coverage **before** providing medical services 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. My registration is restricted to the role and duties as a postgraduate non-Ministry funded fellow or resident at the University of *(Alberta or Calgary)* _____ and surgical assistant.
3. My practice permit is valid only while enrolled in a full-time postgraduate non-Ministry funded training program at the University of *(Alberta or Calgary)* _____ subject to payment of annual renewal fees.

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

Candidate's Registration Number

Witness's Signature

Witness's Name (please print)

Address

Date