

# 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 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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Candidate's Registration Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date