

Patient Consent

The Health Professions Act requires the College of Physicians & Surgeons of Alberta (CPSA) to ensure all physician applicants are qualified and ready for independent medical practice in Alberta. The CPSA's Practice Readiness Assessment (PRA-AB) assesses new physician applicants' fitness to practise medicine in Alberta. Applicants participating in the program are registered with the CPSA during their assessment.

The assessment may include the physician assessor/supervisor observing the physician applicant, reviewing and discussing your medical charts and collecting feedback from other medical staff in the medical practice.

Medical practice participating in PRA: _____
(INSERT NAME & ADDRESS)

Name of PRA Physician Applicant: _____
(INSERT FULL NAME)

As a patient in this medical practice, I understand my signature on this consent form will allow:

Dr: _____ to access my medical information and see me as a patient.

Dr: _____ to access my medical information for the purpose of completing the assessment and determining the above applicant's ability to practise medicine independently in Alberta.

I understand why I was asked to give consent and allow access of my medical information only for the following defined period of time:

Start date: _____ End date: _____
(DD/MMM/YY) (DD/MMM/YY)

Print patient name

Patient Identifier

Patient Signature

Date

Witness Signature

Date