

Courtesy Register Visiting Clinician

I, *(full name of applicant)* _____, of *(city/town/province)* _____,
in consideration of my registration on the Courtesy Register of the College of Physicians & Surgeons of Alberta as a
visiting clinician from *(start date)* _____ to *(end date)* _____, do undertake and agree that:

1. I will have professional medical liability coverage **before** providing medical services in Alberta via one of:
 - Appropriate category of membership in the Canadian Medical Protective Association (CMPA), **or**
 - A policy of professional liability insurance that provides coverage of at least \$10 million issued by a company licensed to carry on business in the province of Alberta, **or**
 - Equivalent liability coverage through my employer
2. I may provide medical services only for the activity specified in the application.
3. I must make arrangements for follow up of any outstanding results of investigations that may be issued after my participation in the specified activity is completed.
4. Being entered on the Courtesy Register to provide medical services for the activity specified in the application does not qualify me to practise medicine in Alberta at the end of the activity. If I wish to practise medicine in Alberta at any time after I have been on the Courtesy Register, I must satisfy the applicable registration criteria and participate in the required application process in full.
5. My entry on the Courtesy Register does not entitle me to any special considerations in any future application for registration with the College of Physicians & Surgeons of Alberta.
6. I will not submit claims to Alberta Health for services provided as a visiting clinician.

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)

Address

Date