

Physician Sponsorship

The Sponsor is to complete and sign this form to notify CPSA that they are sponsoring a physician. This form provides CPSA with the applicant's proposed practice information under sponsorship. This form is not valid if the physician applicant does not have a CPSA Eligibility Letter.

APPLICANT FIRST NAME: _____

APPLICANT LAST NAME: _____

CPSA TRACKING NUMBER: _____

Discipline the applicant is sponsored to practise in: _____

Does the applicant's intended practice discipline above match the one they have CPSA eligibility for? Yes No

To enter independent practice, the applicant requires:

- A Preliminary Clinical Assessment (PCA) and a Supervised Practice Assessment (SPA)
- Only a Supervised Practice Assessment (SPA)

SUPERVISOR DETAILS

Applicants must be supervised while in the SPA portion of their assessment. Please list three potential supervisors. The SPA supervisor cannot have any financial interest in the facility/clinic or personal conflict of interest with the applicant. Potential supervisors should also work in all locations and scope of practice (see page 2) that the applicant needs to be supervised in. These supervisors must be informed that they are listed on this form before you submit it.

1. _____
2. _____
3. _____

PRACTICE LOCATIONS

Specify all locations (name and address) where the applicant will practise following a successful assessment. (e.g., Clinic/Hospital/Long Term Care facility name and address, solo or group practice)

***Check all that apply:**

- Clinic
- Long term in-patient
- Emergency department
- Other (specify): _____
- Walk-in clinic
- Acute care in-patient

***NOTE: Assessments that don't include full scope (e.g., clinic only) may result in practice permit restrictions**

TYPES OF PRACTICE

- Low-Risk Obstetrics
- Dermopathology (For General/Anatomical Pathology)
- Other (specify): _____

If this applicant is a **General Practitioner (GP) with special skills related to Anesthesia, Low-Risk Obstetrics, Enhanced Obstetrics or Surgery** and has agreed to specific privileging as part of their recruitment, sponsor must complete the section below.

Sponsor accepts responsibility to arrange and assess this applicant's special skills, **after** the Supervised Practice Assessment (SPA), in the following scope:

- GP Anesthesia: _____
- GP Low-Risk Obstetrics: _____
- GP Enhanced obstetrical surgical skills (specify): _____

SPONSORSHIP DETAILS

This applicant is being sponsored for work in the following Zone:

- Central Edmonton Calgary North South

This applicant has been requested to fulfill needs in the following community:

This applicant has been requested by the following facility:

FACILITY CONTACT PERSON

(department or community practice)

Name: _____ Email: _____

Anticipated date applicant is available to begin assessment: _____

Sponsor Approval Required: The CPSA will only accept sponsorship request forms signed by an approved sponsor.

Sponsor

Sponsor contact name

Date

Sponsor contact signature

If you are unable to sign electronically and use the submit function please email us the signed documents at Registration@cpsa.ab.ca.