



College of Physicians and Surgeons of Saskatchewan



Application to the College of Physicians and Surgeons of Saskatchewan for the administration of ketamine in community-based settings.

Please send this document to OfficeOfTheRegistrar@cps.sk.ca after completion

Name:	
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Clinic address:	
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Field of Practice:	
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Have you read and understand the CPSS [Complementary and Alternative Therapies policy](#):

Yes: No:

Which route of Ketamine administration will be used in your location:

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Are you qualified to prescribe ketamine for mood disorders (psychiatrist, or a qualified physician in a related field) or for the management of pain (physicians with training and experience in pain medicine or duly qualified physicians in related fields). Please describe:

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Are you qualified, experienced and current in your skills and knowledge to administer ketamine (anesthesiologists, ED physicians, critical care, GP anesthesia, pain fellowships etc.) Please describe in detail, including the dates of when you last administered ketamine, and in what setting:

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Does the intended location of where ketamine will be administered meet the following expectations:

Yes: No:

Appropriate infrastructure (beds, monitoring equipment, space etc.)		
Qualified personnel (including second regulated medical professional)		
Required equipment for administration and resuscitation (crash cart, medication etc.)		
A secure and lockable storage space for the controlled drug		
A register to record the Ketamine administration		

Are you currently certified in either BLS or ACLS, and if so please provide us with the expiration date and a copy of the certification:

BLS:	
ACLS:	
Expiration date:	

Do you have a written policy and procedures document for medical emergencies (e.g., cardiac arrest, respiratory emergencies) including patient transfer to a hospital should be in place (please describe and attach the document)

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Signed:	
Date:	

For internal use only:

Received date:	
Reviewed date:	
Reviewer:	

Approved: Yes No

Undertaking sent date:	
Undertaking received date:	
Final approval letter sent date:	