



Physicians Proposing to Change their "Scope of Practice" Initial Application Form

The purpose of this form is to provide a concise summary of the changes you are planning to make.
In some situations additional information may be required at a later date.

Last Name (as on CPSS register): _____

Given Name(s) (as on CPSS register): _____

Qualifications:

College of Family Physicians of Canada

Certification: Yes No Year: _____ Member: Yes No

Royal College of Physicians and Surgeons of Canada

Certification: Yes No Year: _____ Specialty: _____

Fellowship: Yes No Year: _____

Current Primary Practice Address (location in which you see the majority of your patients):

Hospital/Facility Name (if applicable): _____

Street Name and Number: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Fax: _____

Office Telephone: _____ Home Telephone: _____

PART I: What is your proposed practice location?

Proposed Practice Address (if different from current location - location in which you see the majority of your patients):

Hospital/Facility Name (if applicable): _____

Street Name and Number: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Fax: _____

Office Telephone: _____ Home Telephone: _____

PART II: Tell us about your current and proposed practice structure

Please describe your current and proposed scope of practice structure as completely and concisely as possible. CPSS Bylaws require that scope of practice changes are reported to the College. The Bylaws state “a significant change in a physician's scope of practice is one in which the nature of the patient population cared for by the physician, the treatments provided by the physician or the environment in which the physician sees patients has changed in a significant way. A significant change in a physician's scope of practice is also where a physician begins to practise outside of what would be considered the usual scope of practice for the physician's discipline, training and experience.

Below please specifically describe the following:

- The specific field in which you intend to practice
- A description of your knowledge and skill
- Outline any training you have completed in support of the practice area
- Identify your currency in the proposed field of practice/procedure

I certify that the information provided on this application is correct and complete to the best of my knowledge.

Name: _____

Date: _____

After completing this electronic form, please save it to your computer and submit by e-mail with application materials to: cpssreg@cps.sk.ca