



I, Dr. Jordan Velestuk provide the following undertaking to the College of Physicians and Surgeons of Saskatchewan (hereinafter called “the College”) in compliance with the penalty order of the Council dated January 24, 2020 and subject to the approval of the Registrar of the College.

The application of this undertaking

1. I agree that the effect of this undertaking is to temporarily suspend the undertaking that I provided to the College in October, 2021, and only if I practise medicine exclusively under a Primary Health Care Contract with Northern Medical Services. The undertaking of October 2021 will remain in effect unless I am practising medicine exclusively under a Primary Health Care Contract with Northern Medical Services.
2. In the event that I cease to practise medicine exclusively under a Primary Health Care Contract with Northern Medical Services, the undertaking that I provided to the College in October, 2021 will be in effect and I will comply with all of the terms of that undertaking.
3. I agree that I will immediately advise the College in writing if I enter into a Primary Health Care Contract with Northern Medical Services.
4. I agree that I will immediately advise the College in writing if I cease to practise medicine exclusively in that position.

Undertaking related to ongoing practice conditions

5. I will only practise medicine in Saskatchewan under a Primary Health Care Contract with Northern Medical Services.
6. I will only practise medicine while under supervision of a physician designated by the Director of Northern Medical Services from time to time, which supervision will contain the following elements:
 - a. The Supervisor will meet with me on a schedule that the Supervisor thinks

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- appropriate to assess whether I am practising medicine in a safe and appropriate manner.
- b. The Supervisor may review patient charts during the duration of the supervision. If the Supervisor decides that a chart review is appropriate, I will participate in that chart review;
 - c. If the Supervisor decides that a chart review is appropriate, the Supervisor will keep a log of all patient charts reviewed along with patient identifiers; and
 - d. The Director of Northern Medical Services will provide reports to the College on a quarterly basis, or more frequently if the Supervisor has concerns about my standard of practice or conduct.
7. I will immediately notify the College in writing if I cease to practise under supervision as set out above.
 8. If I cease to practise under supervision, I will cease to practise until such time as supervision resumes.
 9. I will abide by all recommendations of my Supervisor with respect to practice improvements and education.
 10. I consent to the disclosure by my Supervisor and/or Northern Medical Services to the College, and by the College to my Supervisor and/or Northern Medical Services, of all information the Supervisor, Northern Medical Services or the College think is necessary or desirable in order to fulfill the Supervisor's undertaking and to monitor my compliance with this undertaking. I consent to the College releasing all information in its possession related to its current investigations into possible unprofessional conduct by me.

Undertaking related to my addiction

11. I will abstain from the use of alcohol, marijuana or any other illicit drugs.
12. I will abstain from using any opioids, benzodiazepines, other controlled substances and/or any other prescription drugs except those specifically prescribed for me by my family physician or specialist who will be fully informed about my history of addiction. If any controlled drugs are prescribed for me, I will inform the Physician Health Program Director immediately.
13. I will maintain a relationship with a family physician, currently [REDACTED], and follow all treatment recommendations made by my family physician. I will immediately notify the College of a change in my family physician. I authorize my

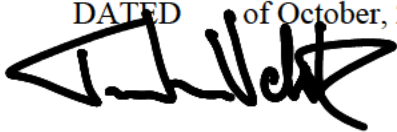
family physician to provide any personal health information to the College if that physician concludes it is appropriate to do so, and I authorize my family physician to provide any personal health information that is requested by the College. This authorization remains irrevocable for as long as I am licensed by the College.

14. I will maintain a relationship with my personal psychiatrist, currently [REDACTED], and follow all treatment recommendations made by my psychiatrist. I will immediately notify the College of a change in my psychiatrist. I authorize my psychiatrist to provide any personal health information to the College if that psychiatrist concludes it is appropriate to do so, and I authorize my psychiatrist to provide any personal health information that is requested by the College. This authorization remains irrevocable for as long as I am licensed by the College.
15. I will maintain a relationship with my addiction medicine physician, currently [REDACTED], and follow all treatment recommendations made by my addiction medicine physician. I will immediately notify the College of a change in my addiction medicine physician. I authorize my addiction medicine physician to provide any personal health information to the College if that physician concludes it is appropriate to do so, and I authorize my addiction medicine physician to provide any personal health information that is requested by the College. This authorization remains irrevocable for as long as I am licensed by the College.
16. I agree to maintain regular, but not less than once monthly contact with the Physician Health Program through either the Chair of the Program or the Director of the Program,
17. I will continue to provide witnessed random body fluid samples once per week for the remainder of the time I am licensed by the College.
18. I will provide a urine sample before each call or ER shift and a urine sample the day after each call or ER shift.
19. I will submit to hair follicle testing carried out each six months by an agency approved by the College for the remainder of the time I am licensed by the College unless the College relieves me of this obligation. I acknowledge that the cost for these tests must be borne by me.
20. I will not have access to the narcotic cupboard at any hospital at which I work. If I require medications from a narcotic cupboard I will request a nurse to obtain those medications for me.
21. I will maintain a record of all prescribing or use of any controlled medication. I will

maintain a record of all wastage of any controlled medication.

22. I will advise the administration at any hospital at which I work of the requirements in paragraphs 20 and 21 (above).
23. I acknowledge and agree that this undertaking is irrevocable and will remain in effect while I am licensed to practise by the College. I may request the College to amend this undertaking and acknowledge that the College can, in its discretion, accept or refuse my request.
24. If my practice supervisor, any of my attending physicians, or the Physician Health Program raise concerns about my fitness to practice due to my addiction or recovery process, I will voluntarily withdraw from practice immediately, until the concern is assessed and resolved.

DATED of October, 2022

A handwritten signature in black ink, appearing to read 'Jordan Velestuk', written over the date line.

Dr. Jordan Velestuk