



# 2023 Physician Licensure Renewal Guide

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## Section 1: GETTING STARTED

**CHECK YOUR EMAIL FOR YOUR RENEWAL NOTIFICATION** - You will receive an email from [cpsreg-renew@cps.sk.ca](mailto:cpsreg-renew@cps.sk.ca) to indicate when you are able to access the online platform to renew your license.

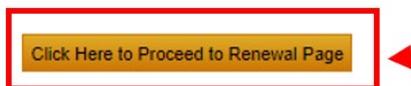
The email will include two options for you to proceed.

1. **Start Renewal Process Link** will take you to your login page. Use this link if you remember your password from last year.  
Enter your username and password. Once you are logged in, you will be able to access the renewal button “**Click Here to Proceed to Renewal Page**” from “**My Profile**” in the top navigation bar.
2. **Reset Password Link** will redirect you to our website to create a new password. Use this link if you cannot remember your password.  
After you have created your new password and are logged in, you will be able to access the renewal button the “**Click Here to Proceed to Renewal Page**” from “**My Profile**” in the top navigation bar.

Once logged in, click on “**My Profile**” in the navigation bar.



You will then be taken to a screen where you can begin your renewal by clicking on “**Click Here to Proceed to Renewal Page**”



If you require assistance with renewal, please contact the College during regular business hours at 306-244-7355.

Once you have clicked the button, you will be taken to a landing page outlining what is required to complete your licensure renewal.

**IMPORTANT: Please read before starting your Annual Physician Licence Renewal**

If you are planning to **retire, lapse your license or not renew for a full calendar year for 2022**, please contact the College to discuss your best option before completing this renewal. Should you choose to ignore and not complete the renewal process, your licensure status will be displayed on our website as 'Non Payment of Fee'

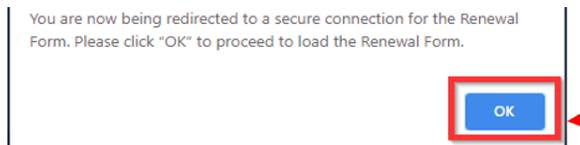
**To complete your Annual Licensure Renewal Application you will need the following:**

1. Your Canadian Medical Protective Association (CMPA) Membership Number if you have CMPA coverage,
2. Your Continuing Professional Learning Cycle start and end dates from the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC), and
3. A Visa or Mastercard, or the name of the person/agency paying your fee.

When ready to begin, click **“Start Renewal Now”**



Once you have clicked the **“Start Renewal Now”** button, a pop-up box will appear on your screen as noted below. Click **“OK”** to be redirected to the secure renewal platform to begin the process.



## Section 2: RETURNING TO THE PORTAL

If you get interrupted while completing your renewal, you can save the page you are on and sign out of the site.

When you are able to return to complete your renewal, you can log in as noted above in Section 1. You will then see the option to click **“Return to Renewal Form”** on the Renewal Page.



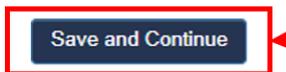
## Section 3: NAVIGATING THE RENEWAL FORM

**Congratulations, you have made it to your Renewal Form!**

The renewal form will walk you through all the elements you need to address to complete your renewal. The form will progress according to the tabs noted along the top, starting with *General Information*.



At the bottom of each page, and to advance to the next section, click **“Save and Continue”**. Make sure to click this button if you need to sign off part way through your renewal. This will save your updates and ensure you are directed back to the page when you return.



If you need to return the previous page, you will have access to a **“Previous”** button, which can take you back through the form, as needed.



You will proceed through the renewal platform, by clicking **“Yes”** and **“No”** buttons to respond to the questions being asked. Depending on your answer, additional questions requiring a response may expand within the same question box.

For example:

13. List all licensing authorities (Canadian or otherwise) not including the College of Physicians and Surgeons of Saskatchewan with whom you currently hold a licence to practice medicine. \*

- Yes, I am licenced with other authorities (Canadian or Otherwise) than the College of Physicians and Surgeons of Saskatchewan
- No, I am not licenced with any other authorities (Canadian or Otherwise) than the College of Physicians and Surgeons of Saskatchewan

13. List all licensing authorities (Canadian or otherwise) not including the College of Physicians and Surgeons of Saskatchewan with whom you currently hold a licence to practice medicine. \*

- Yes, I am licenced with other authorities (Canadian or Otherwise) than the College of Physicians and Surgeons of Saskatchewan
- No, I am not licenced with any other authorities (Canadian or Otherwise) than the College of Physicians and Surgeons of Saskatchewan

List all licensing authorities below: \*

If you miss a question or required field, the form will direct you to the question or field at the top of the page and highlight the area in red.

For example:

#### Physician Annual Renewal Form

Please fix the following errors before submitting.

- 1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? is required  
Provide any information that you believe may be relevant to CPSS in the text box below. is required

General Information   **Questionnaire**   Revalidation   Payment

#### Question 1

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? \*

- Yes
- No

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? is required

### Attaching files within the renewal platform

Some questions will require that you attach additional information. This year all questions provide you with the option to upload that document within the renewal platform, rather than mailing or faxing them in. However, we will continue to receive documents by mail or fax, if that is more convenient for you.

When prompted; you will select the option to “**Attach**” the document you are required to upload. Once this is clicked, a file drop area will appear. You can either drag and drop your document onto the file drop area or you can click ‘browse’ to open up your file system on your computer and select a specific document to attach.

**Selecting the option to attach a file:**

10. During the past two calendar years, has there been a settlement or court judgment that awarded damages against you in a civil suit related to your medical practice? \*

Yes  
 No

Describe the nature of the civil suit. \*

Describe how you are providing the copy of your Statement of Claim or Legal Decision Document to the College. \*

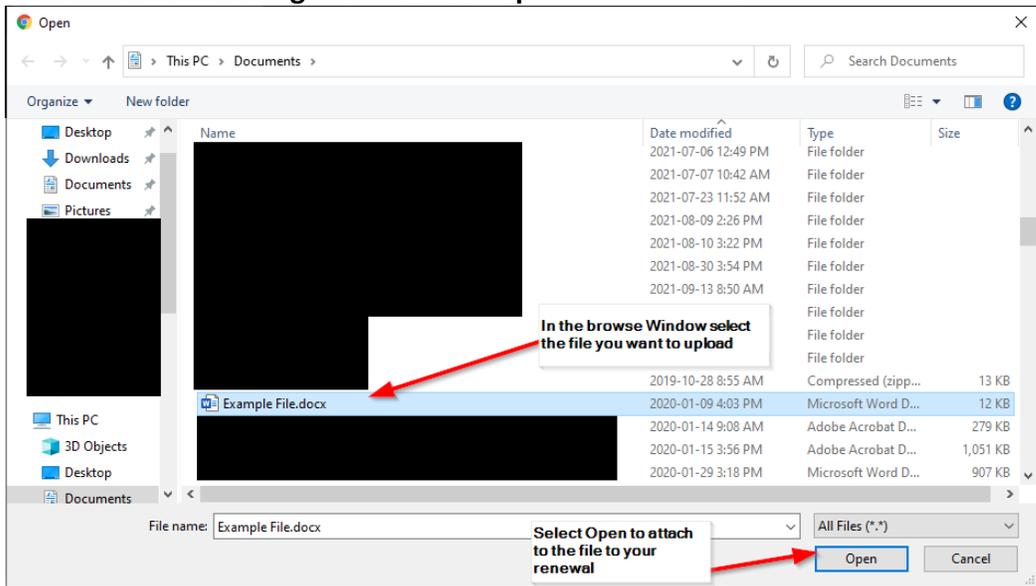
faxed to (306) 912-7437  
 emailed to cpsreg-renew@cps.sk.ca  
 Regular mail  
 Attach Statement of Claim or Legal Decision Document

**Attach Statement of Claim or Legal Decision Document**

File Name	Size
Drop files to attach, or <a href="#">browse</a>	

Maximum Attachment size is 50MB

**How to attach a file using the “Browse” option:**



**Confirming your document has been properly attached:**

12. During the past two calendar years, has there been a settlement or court judgment that awarded damages against you in a civil suit related to your medical practice? \*

Yes  
 No

Describe the nature of the civil suit. \*

Describe how you are providing the copy of your Statement of Claim or Legal Decision Document to the College. \*

faxed to (306) 244-0090  
 emailed to cpsreg-renew@cps.sk.ca  
 Regular mail  
 Attach Statement of Claim or Legal Decision Document

**Attach Statement of Claim or Legal Decision Document**

File Name	Size
Example File.docx	11.55 KB

Maximum Attachment size is 50MB

You will see your file attached

Click the X to remove any incorrect files

## Section 4: WALK-THROUGH OF RENEWAL QUESTIONNAIRE

### General Information Tab

#### Physician Annual Renewal Form

General Information   Questionnaire   Revalidation   Payment

#### Registrant Information

Name

In completing the on-line registration renewal for my registration with the College of Physicians and Surgeons of Saskatchewan I confirm the following: I do solemnly declare that

1. I am personally completing the on-line registration renewal application;
2. I will provide answers to the renewal questions which are true in substance and in fact;
3. I understand that in the event any of the information given is false or misleading in a material fashion, it may result in disciplinary action against me.

This registration renewal application is for the year ended:

2023-11-30 

Check the box to begin

I have read, understand, and agree to the statements above. \*

#### Upcoming Practice Year

Please select one of the following options \*

- Active registration
- Inactive Registration(confers no practice privileges)
- I wish to retire at the end of the current year and/or wish my registration to lapse.
- Telemedicine registration (Canadian certified, Canadian resident only)

Please read the Terms of Service before continuing.

I agree to the above and have read and understood the terms of service.

Select from the licence type renewal options listed that best fits your scenario.

Confirm it by checking the box.

Insurance Undertaking

I hereby certify that: \*

- I am a member of the Canadian Medical Protective Association.
- I am insured under a policy of professional malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence.
- I hereby apply to the College of Physicians and Surgeons of Saskatchewan for exemption from the requirement that I maintain membership with Canadian Medical Protective Association, or insurance under a policy of professional malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence.

My membership number is: \*

My membership number is: is required

- and -

I understand that, while I remain licensed or authorized to practice medicine, I will continuously maintain membership with the Canadian Medical Protective Association or maintain professional malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars (\$2,000,000) for each occurrence.

- and -

I give permission for the Canadian Medical Protective Association or the insurer listed above, to transfer to the College of Physicians and Surgeons of Saskatchewan or its authorized affiliates, information about my Canadian Medical Protective Association membership or insurance coverage including the date of expiry of such membership or insurance coverage, the amount of liability coverage, a copy of the policy, and, if my membership or insurance coverage should lapse or be revoked, I authorize Canadian Medical Protective Association or the insurer to notify the College of Physicians and Surgeons of Saskatchewan or its authorized affiliates of that fact.

- and -

I acknowledge that I have been advised that breach of an undertaking given in this document has been defined by the College of Physicians and Surgeons to be unbecoming, improper, unprofessional or discreditable conduct and may result in suspension of my right to practice medicine and charges of unbecoming, improper, unprofessional or discreditable conduct under **The Medical Profession Act, 1981**.

I have read, understand, and agree to the statements above. \*

I have read, understand, and agree to the statements above. is required

Confirm your insurance Undertaking

And confirm your member number is correct

And Check the box to confirm your statements above.

### Questionnaire Tab

Within this section, you will proceed through **16 Questions**, with one additional question if you hold a **Telemedicine Licence**.

**Additional explanatory notes** have been added to the Questionnaire this year to help you with navigating some of the more technical or legally based questions, as outlined in Bylaw 3.1.

You will see notes located below a question that provide examples or descriptions to help you answer the question with more accuracy and understanding.

Question 2

2. During the past two calendar years, have you been notified that you are the subject of an inquiry or investigation by a medical licensing authority or hospital, not referenced above? \*

- Yes
- No

**Note:** For this question, the College does not inquire about investigations that have resulted in a decision that an allegation is not proved. It also does not inquire about complaints that are dealt with through the Quality of Care Advisory Committee of the College of Physicians and Surgeons of Saskatchewan or the alternate dispute resolution processes used by the provincial health authority. The College requires information about all other enquiries or investigations by medical licensing authorities or hospitals.

New this year – some questions will contain ‘Notes’ to help clarify the question intent, to assist you with answering.

**Two new health-related questions have been added this year.** The College’s health-related renewal questions, included in [Bylaw 3.1](#) of the CPSS Regulatory Bylaws, were amended by the Council since the last renewal period.

The amendments bring **question 7 and 8** within the renewal platform into alignment with those posed on the Application for Medical Regulation (AMR) on the [physiciansapply.ca](#) website. They also serve to meet the requirements of the newly approved “[Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students](#)” Policy, that was approved in 2021. You can read more about the amended questions in a [previous DocTalk article](#).

If you have any questions about the new health related questions, please feel free to reach out to the Registration Department at [cpsreg-renew@cps.sk.ca](mailto:cpsreg-renew@cps.sk.ca) or 306-244-7355.

Question 7 - new

7. Do you, will you or is there a potential that you will perform or assist in performing exposure prone procedures? \*

Yes  
 No

**Exposure prone Procedures (EPP)** are interventions where there is a risk that injury to the physician may result in the exposure of the patient’s open tissues to the physician’s blood or bodily fluid. EPPs with a documented risk of transmission include: Digital palpation of a needle tip in a body cavity, repair of major traumatic injuries or manipulation, cutting or removal of any oral or perioral tissue.

Following review of the CPSS policy ‘Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students’ and Bylaw 24.1 “Reporting of Blood-borne Viruses’, are you compliant with the policy and bylaw? \*

Yes  
 No

Have you ever tested positive for a blood-borne virus, such as hepatitis B virus (HBV), hepatitis C (HCV) or human immunodeficiency virus (HIV)? \*

Yes  
 No

Click Here to review the; [Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students](#)

**Note:** The College classifies your answer to this question as strictly confidential. To ensure patient safety, a positive response to this question will result in a referral to the Physician Health Program of the Saskatchewan Medical Association, in accordance with the CPSS policy “Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students”.

Question 8 - new

8. During the past two calendar years, have you had or has a health professional advised you that you have a physical, cognitive, mental and/or emotional condition (not including a blood-borne virus) which in any way may reasonably be expected to pose a risk of harm to patients or to negatively impact your work as a physician? \*

Yes  
 No

Do you have an attending physician for that condition(s)? \*

Yes  
 No

Are you currently participating with the Physician Health Program of the Saskatchewan Medical Association? \*

Yes  
 No

Are you compliant with the recommendations of your attending physician? \*

Yes  
 No

Are you compliant with the Physician Health Program recommendations? \*

Yes  
 No

**Note:** Examples of reportable conditions may include, but not be limited to progressive neurological conditions, certain mental health conditions, progressive musculoskeletal disorders, cognitive or sensory disorders, select cardiovascular diseases and substance abuse disorders.

### Completing your declaration

Declaration

I do solemnly declare that

1. The answers to the questions in this renewal are true in substance and fact;
2. I understand that in the event that any of the information given is false or misleading in a material fashion, that may result in disciplinary action against me.

have read, understand, and agree to the statements above. \*

Previous Save and Continue

Once you have responded to all the questions, check the Declaration Box and press save and continue

### Revalidation Tab

Physician Annual Renewal Form

General Information Questionnaire **Revalidation** Payment

Revalidation

The bylaw relating to revalidation states that physicians must:

- a. provide a statement to the College of Physicians and Surgeons that the physician is enrolled in either MainPro+ or Maintenance of Certification;
- b. if the physician is enrolled in MainPro+, provide a statement of the date established by CPFC for the physician to meet the requirements of MainPro+;
- c. if a physician has reached the date established by CPFC for the physician to meet the requirements of Maintenance of MainPro+, or the date established by RCPSC for the physician to meet the requirements of Certification, provide proof to the satisfaction of the Registrar that the physician has met the requirements of MainPro+ or Maintenance of Certification as the case may be.

Revalidation - I am a \*

Previous Save and Continue

Click on the drop down for a menu to appear

The drop-down menu will allow you to select from the following.

Revalidation - I am a \*

Type to search

- Family Physician
- Specialist
- Both
- have yet to file Mainpro+ or Maintenance of Certification enrollment

Depending on the option you selected above, you will be prompted to select one of the options below:

Select one of the following: \*

- I am enrolled in the Mainpro+ program of the College of Family Physicians of Canada and the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.
- I request an exemption from the College of Physicians and Surgeons of Saskatchewan (CPSS) for the requirement that I enroll in both the Mainpro+ program of the College of Family Physicians of Canada and the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada. To obtain an exemption complete the following selection and declaration. You will receive an email to confirm that your request for exemption was granted.
- I am enrolled in the Mainpro+ program of the College of Family Physicians of Canada only, exempt Maintenance of Certification.
- I am enrolled in the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada only, exempt from Mainpro

Depending on your choice, you may be asked to indicate the timeframe of the Learning Cycle you are currently enrolled in, as outlined below.

**2. Indicate timeframe of your learning cycle:** If you are enrolled in the **MainPro+ and/or Maintenance of Certification** program of the College of Family Physicians of Canada and/or Royal College of Physicians and Surgeons of Canada; state the date established by CFPC or RCPSC for you to meet the requirements of MainPro+ and/or Maintenance of Certification. Learning cycles are typically for five years: CFPC MainPro+ ends in June, and Royal College Maintenance of Certification ends in December of the ending calendar year.

<b>From Month *</b>	<b>From Year *</b>
<input type="text" value="January"/>	<input type="text" value="2017"/>
<b>To Month *</b>	<b>To Year *</b>
<input type="text" value="December"/>	<input type="text" value="2021"/>

Following this, you will be asked to provide consent for the CPSS to obtain any relevant information relating to your enrollment.

Once you have checked the consent box, you can select **“Save and Continue”**.

### Consent for Release of Information

To: College of Family Physicians of Canada

Participation in the MainPro+ program is a requirement for physicians who wish to renew their annual registration with the College of Physicians and Surgeons of Saskatchewan.

I hereby authorize you to provide the College of Physicians and Surgeons of Saskatchewan any information that you may think relevant to my participation in MainPro+ Program, and any information that the College of Physicians and Surgeons may request pertaining to my participation in the MainPro+ Program.

### Consent for Release of Information

To: Royal College of Physicians and Surgeons of Canada:

Participation in the Maintenance of Certification program is a requirement for physicians who wish to renew their annual registration with the College of Physicians and Surgeons of Saskatchewan.

I hereby authorize you to provide the College of Physicians and Surgeons of Saskatchewan any information that you may think relevant to my participation in Maintenance of Certification Program, and any information that the College of Physicians and Surgeons may request pertaining to my participation in the Maintenance of Certification Program.

I consent.

Previous

Save and Continue

## Section 5: NOTES ON PAYMENT OPTIONS

On the “**Payment**” page, you will be asked how you will be paying this year.

General Information Questionnaire Revalidation **Payment**

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. \*

- Pay by Credit Card
- Pay by Cheque
- Payment will be provided by third-party.

**IF PAYING BY CREDIT CARD**, select “**Pay by Credit Card**” then click “**Pay Dues**” to proceed to the fees review page.

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. \*

- Pay by Credit Card
- Pay by Cheque
- Payment will be provided by third-party.

**Please Note:** If paying by cheque or third-party you are still required to confirm dues & submit. You will be redirected to the cart to complete your renewal. When asked for payment method select '**Pay Later**'

Click Save to save your answers, and you can continue next time.

Previous

Pay Dues

**IF PAYING BY CHEQUE**, select “**Pay by Cheque**” then click “**Confirm Dues & Submit**” to proceed to the **Fees Review Page**. Where you can select “**Pay Later**” when prompted for Payment Method.

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. \*

- Pay by Credit Card
- Pay by Cheque
- Payment will be provided by third-party.

**Please Note:** If paying by cheque or third-party you are still required to confirm dues & submit. You will be redirected to the cart to complete your renewal. When asked for payment method select '**Pay Later**'

Click Save to save your answers, and you can continue next time.

Previous

Confirm Dues & Submit

**IF PAYING BY THIRD PARTY**, select **“Payment will be provided by third party”**, enter the name of the third party that will be making the payment, then click **“Confirm Dues & Submit”** to proceed to the **Fees Review Page**.

General Information Questionnaire Revalidation **Payment**

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. \*

Pay by Credit Card  
 Pay by Cheque  
 Payment will be provided by third-party.

Please enter the name of the organization that will be submitting payment on your behalf: \*

*Enter Name of third party that will be making the payment here*

**Please Note:** If paying by cheque or third-party you are still required to confirm dues & submit. You will be redirected to the cart to complete your renewal. When asked for payment method select 'Pay Later'

Click Save to save your answers, and you can continue next time.

Previous **Confirm Dues & Submit**

Once you have selected your payment method, you will be brought to the **Fees Review Page** to review your fees.

Select your renewal item and then click on **“Proceed to Payment”**.

Annual Active Physician Fees - Period beginning 12/1/2022

Dues Payments

Item	Unit Price	Quantity	Amount
<input checked="" type="checkbox"/> Annual Physician Licensure Fees	1,881.00	1	1,881.00

Subtotal 1,881.00

**Proceed to Payment**

You will then be brought to the **Payment Cart**.

Shopping Cart

Items

Item	Price	Total
Annual Active Physician Fees	1,881.00	1,881.00

Cart Charges

Item Total	1,881.00
Shipping	0.00
Handling	0.00
Transaction Grand Total	1,881.00

If you choose to pay by cheque or third party, please select pay later.

If paying by credit card, enter your payment details and click **“Submit Order”**

Payment Details

- Pay Now
- Pay Later

Payment amount 1,881.00

Payment method Master Card   
Master Card  
Visa

\* Card number

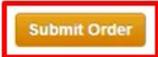
\* Name on card

\* Expiration date  
01    
2021  

\* CSC

Card address

[Choose another address](#)



If paying by cheque or third-party, click “**Pay Later**” then click “**Submit Order**”.

### Shopping Cart

#### Items

Item	Price	Total
Annual Active Physician Fees	2,331.00	2,331.00

#### Cart Charges

Item Total	2,331.00
Shipping	0.00
Handling	0.00
Transaction Grand Total	2,331.00

If you choose to pay by cheque or third party, please select pay later.

#### Payment Details

Pay Now

Pay Later

For Staff Use

**Submit Order**

**Note:** If you or a third party is paying by cheque, please make the cheque out to:

***College of Physicians and Surgeons of Saskatchewan  
101-2174 Airport Drive,  
Saskatoon, SK, Canada,  
S7L 6M6***

Upon completing your renewal – you will be brought to the **Confirmation** page.

**Please print this page** for future reference.

**Confirmation Page**

**Please Print this Page for Future Reference**

(To print page, you will need to print using the browser print function, or you can **hold CTRL** and **press P** on your keyboard to open up the browser print menu)

Your reference number is:

Thank you for completing your online Physician Licence Renewal. Your renewal application was submitted on 9/13/2022 and is now in the queue to be processed.

If we require further information arising from your submission, we will be in touch.

If you are required to send in your **Completion Certificate** for a continuing professional development cycle (Maintenance of Certification through the RCPSC or MainPro+ through the CFPC), please email [cpsreg-renew@cps.sk.ca](mailto:cpsreg-renew@cps.sk.ca) or fax it to 306-244-0090.

If you or the third-party is paying by cheque, please make the cheque out to: **College of Physicians and Surgeons of Saskatchewan**

Please mail the cheque at your earliest convenience to mitigate delays in processing or having re-registration fees being applied, to: *101-2174 Airport Drive, Saskatoon, SK, Canada, S7L 6M6*

**NOTE: Your Renewal will not be finalized until all required documentation has been received and payment has been processed.**

Please be advised, that due to the high volume of renewals received:

- There is no guarantee that applications submitted after November 1st will result in a new licence being sent before November 30th.
- Renewals completed after November 30th are subject to a re-registration fee and a delay in processing.

If you have any challenges with your renewal, please call **(306) 244-7355 during business hours.**

**THANK YOU FOR COMPLETING YOUR RENEWAL!!**