



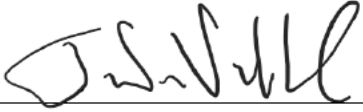
# Undertaking

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 as amended by the College Council on September 17, 2021 and further amended on January 19<sup>th</sup>, 2024.

1. I will abstain from the use of alcohol, marijuana or any other illicit drugs.
2. 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.
3. I will maintain a relationship with a family physician, currently [REDACTED], and follow all treatment recommendations made by my family physician. I will inform 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.
4. 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 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.
5. 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.
6. I will continue to provide witnessed random body fluid samples once per week thereafter, if all screens have been negative, for the remainder of the time I am licensed by the College.
7. 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.
8. 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.

9. 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 this 29 day of 01, 2024.



Dr. Jordan Velestuk