



Rural Physician Incentive Program (RPIP) Application Form

Applicant Information:Full Name: _____
Last First Middle

Email Address: _____ Phone Number: _____

Mailing Address: _____ Postal Code: _____

MINC number: _____

Education:

Country of medical degree: _____

University of postgraduate medical education: _____

Country of postgraduate medical education: _____

Date of completion of postgraduate education: _____

Incentive:

I am submitting an application for:

Year 1 - up to \$10,000*

Year 2 - up to \$10,000

Year 3 - up to \$12,000

Year 4 - up to \$15,000

*Note: Please apply at the beginning of each year of practice. A new application for RPIP must be submitted each year.****First time applicants:**

I have included a copy of my certificate of completion of residency/internship training with my application form.

Community & Practice Information:

Rural/Remote Sask. Community	Start Date	End Date	Full-time/Part-time, Visiting, or Locum	Payment Modality (FFS, Shadow billing, contract)

Clinic/Manager Contact Information:

Disclosure – Click the checkbox to acknowledge each statement:

Adjudication of your RPIP Application will be completed by saskdocs/Saskatchewan Health Authority.

I have read and understand the RPIP criteria as outlined in the Program Parameters.

I agree that my information may be shared with the Saskatchewan Medical Association, Saskatchewan Health Authority, Northern Medical Services, and Saskatchewan Ministry of Health officials to verify that I meet the eligibility criteria set out in the program parameters.

I agree that the Ministry of Health/Saskatchewan Health Authority reserves the right to change, amend, modify, suspend, continue or terminate all or any part of the program, either in an individual case or in general, at any time without notice.

I agree that the Ministry of Health may release my fee-for-service and/or shadow billings to the Saskatchewan Health Authority to confirm service volumes and full-time status.

Adjudication of your application will be completed by saskdocs after 12 months of service are complete to confirm that you have met the service criteria over the year. If you qualify, you will receive the your RPIP incentive after the end of the 12 months service period.

I hereby certify that all information and statements made in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant _____ Date: _____

Submit completed application to:

Email: info@saskdocs.ca or Fax: 306-933-5115