

Pre-screen Form

International Medical Graduates (IMGs) seeking to practice as family physicians in Saskatchewan are invited to complete this pre-screen form. **Do not complete a Review of Qualifications in physiciansapply.ca until you have been advised by saskdocs to do so, as the assessment fees are non-refundable.**

Last Name(s):			
Given Name(s):			
Your Name as it appears on your Medical Degree:			
Email Address:		Date Submitted:	
Current Address:			

PLEASE COMPLETE THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE

1. Completion of MD Degree from a World Directory of Medical Schools (WDOMS) List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
University:			
Country:		Date Complete:	
2. Successful completion of post graduate internship or residency training program in Family Medicine?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
University:		Country:	
Length of Training Program:		Date Complete:	

Applicants with less than 24 months post graduate internship/residency training require a minimum of 3 years of independent family medicine practice experience as the most responsible physician (MRP).

Do you have a minimum of 8 weeks post-graduate/internship/residency training in the following disciplines?

Gen Surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Weeks:		Obs/Gyn:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Weeks:	
Pediatrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Weeks:		Internal Med:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Weeks:	
Psychiatry:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Weeks:					

If you do not have the required rotation, you must be able to prove your experience in that rotation as part of your practice as a family doctor:

3. Other Training in Family Medicine, after licence for Independent Practice:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Training Program:		Date Complete:	

4. Passed Exams			
*MCCQE1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed:	
*TDM:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed:	
*NAC OSCE: (2013 to Current)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed:	
*MCCQE2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Passed:	

***Medical Council of Canada Qualifying Exam 1 (MCC QE1), Medical Council of Canada Qualifying Exam 2 (MCC QE2), National Assessment Collaboration Objective Structured Clinical Examination (NAC OSCE) Therapeutics Decision Making Examination (TDM)**

1. English Language Proficiency (Please select one of the following and provide any necessary information):					
English Proficiency Exam (all exams expire after 2 years)	Date Taken	Listening	Reading	Writing	Speaking
<input type="checkbox"/> *IELTS – Academic Minimum of 7.0 in each component					
<input type="checkbox"/> *OET – Medicine Minimum grade of B in all sections					
<input type="checkbox"/> *CELPIP - General Minimum grade of 9 in all sections					
<input type="checkbox"/> No ELP Exam Taken	Notes:				
<input type="checkbox"/> ELP not Required¹	Notes:				

**International English Language Testing System – Academic (IELTS – Academic), Occupational English Test – Medicine (OET – Medicine), Canadian English Language Proficiency Index Program – General (CELPIP – General)*

2. Currency of Practice – Practice as an independent Family Physician² in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total years of practice as a Family Physician ² do you have?	
Number of days of practice as Family Physician ² in the past three years?	

NOTE: We advise that physicians should have practiced a minimum of 3 months of full-time family medicine practice within the last three years

3. Verification of documents through physicianapply.ca, completed	<input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> In Process
PCRC Number/Candidate Code:	

PLEASE CONFIRM YOU HAVE SHARED PHYSICIANSAPPLY.CA DOCUMENTS:

4. College of Physicians & Surgeons of Saskatchewan (CPSS)?	<input type="checkbox"/> Yes (required)
5. saskdocs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other jurisdiction(s)/organization(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	
Are you a Canadian Citizen or Canadian Permanent Resident Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will require a work permit

If you have shared documents with another jurisdiction through physicianapply.ca, CPSS or saskdocs will not be able to see them. You must share specifically with each organization or jurisdiction in order for your documents to be accessed for review.

CONSENT TO SHARE INFORMATION:

<input type="checkbox"/> Yes	I consent to share my pre-screen checklist with Saskatchewan Health Authority/saskdocs, Ministry of Health and/or the College of Physicians and Surgeons of Saskatchewan.
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DISCLAIMER:

<input type="checkbox"/> Yes	I understand that the information from this Pre-Screen Checklist will be used to determine if I may meet eligibility requirements for licensure or the requirements of the SIPPA program to be selected into that program
<input type="checkbox"/> Yes	I understand that successful completion of this Pre-Screen Checklist does not guarantee that I will be awarded a medical licence in Saskatchewan.
<input type="checkbox"/> Yes	I understand SIPPA is a highly competitive program and there is no guarantee of selection

Once you have completed the Pre-screen Form, please upload it and a copy of your Curriculum Vitae (CV) to your saskdocs profile

¹Candidates are exempted from English language proficiency testing if: their medical education was in one of the following countries that have English as a first and native language: Australia, Bahamas, Bermuda, British Virgin Islands, Canada*, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America, US Virgin Islands and the Caribbean Islands of: Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Grenadines, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, Trinidad and Tobago. (*exceptions apply) OR candidate meets requirements by one of the alternate methods as set out [here](#) AND is approved by the CPSS Registrar AFTER the candidate has applied to CPSS and appropriate documentation has been collected. Please note that English language exams noted above, the IELTS, the OET-Medicine and the CELPIP, with their minimum scores are guaranteed to meet requirements. Candidates wishing to apply with an alternate method of meeting English language requirement will be assessed after applying to CPSS and approved IF the Registrar approves the request. For a guaranteed outcome prior to the application, candidates must meet requirements with one of the acceptable exams prior to the application to CPSS.

²Family Medicine practice refers to: active independent practice, which means the physician has been practicing independently as the patient's Most Responsible Physician. This means the physician is authorized to diagnose, plan, implement, manage and follow up with plan for treatment for a patient as well as order medications and diagnostic procedures. Arrangements that do not qualify include volunteer positions if the physician is not the most responsible physician, assist work, observerships and preceptorships.