



Application for Saskatchewan Health Authority
Pediatric Subspecialty Recruitment and Retention Incentive

Application Information

First Name: _____ Middle Name: _____ Last Name: _____

Street address: _____ City/Town: _____

Postal Code: _____ Email: _____ Phone #: _____

Pediatric Subspecialty:

- Pediatric Gastroenterology
- Pediatric Neurology
- Pediatric Medical Genetics
- Pediatric Allergy and Immunology
- Developmental Pediatrics

Community of Practice:

- Saskatoon
- Regina

Saskatchewan Practice History:

Community	Start Date	End Date	Full-time, part-time, or locum	Estimated FTE	Payment Modality (FFS /contract)

Additional comments/anticipated LOAs:

Application Year:

- Year 1 – \$40,000
- Year 2 – \$40,000
- Year 3 – \$20,000
- Year 4 – \$50,000
- Year 5 – \$50,000

Please apply at the beginning of each year of practice. A new application must be submitted each year.

Have you received funding under any other program? (e.g. SMA's Specialist Recruitment Incentive, etc.)

- Yes
- No

Specify: _____

Disclosure

- I have read and understand the eligibility criteria as outlined in the Program Parameters.
- I agree that my information may be shared with Saskatchewan Health Authority 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 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: _____

Email completed form to physicianincentives@saskhealthauthority.ca