

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 an Application for Registration 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):			
Email Address:		Date Submitted:	

PLEASE COMPLETE THE FOLLOWING:

1. Have you successfully completed medical training and obtained a Medical Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
And	
2. Have you successfully completed a minimum 12 months of post graduate training, internship or residency in Family Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
And	
Have you practiced as the Most Responsible Physician for a minimum of 156 weeks (in person) under a licence for independent practice? See 2. Appended	
Or	
Have you successfully completed 24 months or longer of post graduate training, internship or residency training in Family Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
And	
Do you hold a licence for independent medical practice?	

² **Family 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.

2. Currency of Practice *Minimum 26 weeks of currency in the past three (3) years. Currency of practice requirements can be met by any combination of the following:			
	Eligibility	Preferred Experience	Number of Weeks
Most Responsible Physician (MRP)	<ul style="list-style-type: none"> Family medicine practice GP-Specialist: minimum 20 hours per week in family medicine practice 	<ul style="list-style-type: none"> Full scope family medicine 	
Clinical Assistant / Associate Physician	<ul style="list-style-type: none"> Licensed in Canada 	<ul style="list-style-type: none"> Hospitalist, emergency medicine, primary care 	

	<ul style="list-style-type: none"> Isolated surgical assistant work does not qualify 		
Postgraduate Training	<ul style="list-style-type: none"> Clinical rotations 	<ul style="list-style-type: none"> Training in family medicine, anesthesia, emergency medicine, obstetrics & gynecology, pediatrics, surgery, internal medicine or psychiatry 	

3. Exams

MCCQE1	Date Passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAC OSCE	Date Passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. English Language Proficiency (ELP)

Examinations	Passed within last 24 months?	Passed by exam date older than 24 months? <small>*Please select A, B or C from list below</small>
*IELTS – Academic <small>Minimum of 7.0 in each component</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes AND <input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C
*OET – Medicine <small>Minimum grade of B in all sections</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes AND <input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C
*CELP - General <small>Minimum grade of 9 in all sections</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes AND <input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C
	A. *Currently enrolled in postgraduate medical education in a Country where English is the language of instruction, and you used this exam to enter post graduate training. B. *Currently practising in English and used this exam to obtain licensure in that Country of practice. C. *Currently working in English-speaking environment	
OR		
Alternate Proof – within 5 years of pre-screen/application to CPSS		
*Primary or secondary medical training outside of Canada in English, as verified by the Institution of Training	<input type="checkbox"/> Yes	
* Undergraduate medical education taken outside of Canada in English, as verified by the Institution of Training	<input type="checkbox"/> Yes	
OR		
Alternate Proof - Other		
* Undergraduate medical education taken in English in Canada, the United States or a FMRAC-English-Language-identified country.	<input type="checkbox"/> Yes	
* Canadian returning to Canada, primary or secondary medical training outside of Canada in English as verified by institution	<input type="checkbox"/> Yes	

*Proof to be reviewed by the Registrar at a later date.

PLEASE CONFIRM RE: PHYSICIANSAPPLY.CA

5. Physiciansapply.ca - Verification of Medical Degree; Transcripts; Family Medicine postgraduate training/internship/residency "Sent for Source Verification" or "Passed"	<input type="checkbox"/> Yes
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6. Physiciansapply.ca - Documents shared with <u>CPSS</u> : Medical Degree; Transcripts; Family Medicine postgraduate training/internship/residency; and MCCQE1 exam.	<input type="checkbox"/> Yes
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CONSENT TO SHARE INFORMATION:

<input type="checkbox"/> Yes	I consent to share my pre-screen checklist with Saskatchewan Health Authority/saskdocs, SIPPA, 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 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