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 Health Careers Saskatchewan (HCS)** to do so, as the assessment fees are non-refundable.

Last Name(s):			
Given Name(s):			
Email Address:		Date Submitted:	

PLEASE COMPLETE THE FOLLOWING:

Question	Answer
1. Have you successfully completed medical training and obtained a Medical Degree?	☐ Yes ☐ No
And	
2. Have you successfully completed a minimum 12 months of post graduate training, internship or residency in Family Medicine? **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**	☐ Yes ☐ No
Or	
Have you successfully completed 24 months or longer of post graduate training, internship or residency training in Family Medicine? **And** **Have you been licensed to engage in Family Medicine independent practice?**	☐ Yes ☐ No

[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)	• Family medicine practice • GP-Specialist: minimum 20 hours per week in family medicine practice	• Full scope family medicine	<Enter Weeks>
Clinical Assistant / Associate Physician	• Licensed in Canada	• Hospitalist, emergency medicine, primary care	<Enter Weeks>

	• Isolated surgical assistant work does not qualify		
Postgraduate Training	• **Clinical rotations**	• **Training in family medicine, anesthesia, emergency medicine, obstetrics & gynecology, pediatrics, surgery, internal medicine or psychiatry**	**<Enter Weeks>**

3. Medical Council of Canada Exams and results have been issued and shared with CPSS at physiciansapply.ca		
MCCQE1 or MCCQE	Date Passed:	☐ Yes ☐ No
NAC OSCE	Date Passed:	☐ Yes ☐ No

4. English Language Proficiency (ELP)		
Examinations	**Passed within last 24months?**	**Passed by exam date older than 24 months?** ***Please select A, B or C from list below**
***IELTS – Academic** Minimum of 7.0 in each component	☐ Yes	☐ Yes **AND** ☐ A or ☐B or ☐C
***OET – Medicine** Minimum grade of B in all sections	☐ Yes	☐ Yes **AND** ☐ A or ☐B or ☐C
***CELPIP - General** Minimum grade of 9 in all sections	☐ Yes	☐ Yes **AND** ☐ A or ☐B or ☐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		
Alernate Proof		
*Primary or secondary medical training outside of Canada in English, as verified by the Institution of Training	☐ Yes	
* Undergraduate medical education taken outside of Canada in English, as verified by the Institution of Training	☐ Yes	
* Canadian returning to Canada, primary or secondary medical training outside of Canada in English as verified by institution	☐ Yes	
*Currently in practice in Canada or the United States and met IELTS; OET-Medicine; or CELPIP scores as set out above, for the licence	☐ Yes	
*Completed Fellowship, minimum of one year in length, within a country that has English as a first or native language	☐ Yes	
*Completed Practice Ready Assessment in English, in Canada, within 5 years of consideration for licensure with CPSS	☐ Yes	
*Currently hold medical licence in any province or territory in Canada and practice primarily in English	☐ Yes	

*Proof to be reviewed by the Registrar during the CPSS application review.

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".	☐ Yes
6. Physiciansapply.ca - Documents shared with *CPSS*: Medical Degree; Transcripts; Family Medicine postgraduate training/internship/residency; NAC OSCE exam and MCCQE1/MCCQE exam.	☐ Yes

CONSENT TO SHARE INFORMATION:

☐ Yes	I consent to share my pre-screen checklist with Saskatchewan Health Authority, Health Careers Saskatchewan, Ministry of Health, the College of Physicians and Surgeons of Saskatchewan, SIPPA and/or the College of Medicine, University of Saskatchewan.

DISCLAIMER:

*Providing inaccurate information may result in denial of consideration or dismissal.

☐ 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.
☐ Yes	I understand that successful completion of this Pre-Screen Checklist does not guarantee that I will be awarded a medical licence in Saskatchewan.
☐ Yes	I attest that the information I have provided is true, accurate and complete and has been completed by me.
☐ 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 Health Careers Saskatchewan (HCS) profile__

CONSENT FOR RELEASE OF INFORMATION

SASKATCHEWAN INTERNATIONAL PHYSICIAN PRACTICE ASSESSMENT (SIPPA) PROGRAM

*I, ____________________________, the undersigned, have applied to the Saskatchewan International Physician Practice Assessment program (the "***SIPPA program***"). I consent to the release and sharing of information as detailed below.*

1. I understand and acknowledge that there are several stakeholders involved in the review of applications, the selection of candidates, and the operation of the SIPPA program.
2. I understand and acknowledge that these stakeholders (the "**SIPPA Stakeholders**") include:
    a. the College of Physicians and Surgeons of Saskatchewan (the "**CPSS**");
    b. the College of Medicine, University of Saskatchewan (the "**CoM**");
    c. the Saskatchewan Healthcare Recruitment Agency (the "**SHRA**");
    d. the Saskatchewan Health Authority (the "**SHA**"); and
    e. the Saskatchewan Ministry of Health.
3. I understand and acknowledge that as part of my application to be considered as a candidate for the SIPPA program, I will be asked by one or more of the SIPPA Stakeholders to provide documentation and information (the "**Submitted Information**").
4. I understand and acknowledge that the SIPPA Stakeholders may need to request additional information from organizations involved in credentialing, regulating or licensing physicians in Canada, or involved in assembling of physician information for the use of organizations that credential, regulate or license physicians in Canada, and that this may require the release of some or all of the Submitted Information.
5. Without limiting the generality of the previous paragraph, I expressly consent to the release of all Submitted Information to physiciansapply.ca, the Application for Medical Registration in Canada, and to any medical regulatory authority in Canada, as may be required to process my application to the SIPPA program.
6. In order to facilitate the review of my application to the SIPPA program, I understand and acknowledge that the SIPPA Stakeholders share the Submitted Information rather than each requesting the same information from each applicant. I expressly consent to such sharing of the Submitted Information between the SIPPA Stakeholders, as may be required to process my application to the SIPPA program.
7. If I am selected for the SIPPA program, I understand and acknowledge that the SIPPA Stakeholders may share some or all of the Submitted Information with physicians who are

engaged to act as practice supervisors and/or summative assessors. I expressly consent to such sharing of the Submitted Information for the purpose of supervision and assessment as required in the SIPPA program.

8. If I am selected for the SIPPA program, I understand and acknowledge that the supervisors and/or assessors will provide information to the SIPPA Stakeholders (the "**Assessment Information**"). I expressly consent to such sharing of the Assessment Information.
9. I understand and acknowledge the reasons for the release and sharing of information as detailed above, and the risks and benefits associated with that. I expressly consent to the release and sharing of information as detailed above for the purpose of the consideration of my application to and, if selected, my progress within, the SIPPA program.
10. I understand and acknowledge that this consent is irrevocable.

Date: ________________________

Printed Name: ______________________

Signature: ________________________

Revised as of June 1, 2026