

Program Director Support for a Physician Extender Limited

**This form is to be completed by the Program Director supporting the Physician Extender Limited candidate.
Please return this completed form to the candidate.**

This form of registration is only available to residents and fellows who are currently enrolled in a psychiatry postgraduate training program in Alberta. Applicants must have completed a minimum of two years postgraduate training in psychiatry, hold the Licentiate of the Medical Council of Canada (LMCC), and have successfully completed training on the Alberta Mental Health Certificates.

Program Director Information

Surname: _____ Given names: _____
CPSA registration number: _____ Business phone (include area code): _____
Email address: _____ Check one: University of Alberta: _____ Calgary: _____
Program: _____

Physician Extender Candidate Information

Surname: _____ Given names: _____

Expression of Support

Candidate has successfully completed at least two years of postgraduate training in psychiatry and is currently enrolled in the psychiatry residency program: Yes No

Candidate has successfully completed the training on Alberta Mental Health Certificates: Yes No

Candidate is currently in good standing in postgraduate training in psychiatry: Yes No

Comments (optional):

Expiration date for Program Director support, if applicable (dd/mmm/yyyy): _____

Program Director signature

Date (dd/mmm/yyyy)

Please return this signed document directly to the candidate. The candidate must submit this form to the College of Physicians & Surgeons of Alberta with his/her complete application package.