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| AlbertaHealthServices | **APPLICATION REQUEST FORM**  **FOR NEW MEDICAL STAFF APPOINTMENT**  ***Calgary Zone*** |

*Personal information contained in this document is governed by the* Health Information Act of Alberta. *The information is collected and used for the purposes of identifying and regulating medical staff at Alberta Health Services and for managing the health system (s. 27). The information will only be disclosed to other agencies or for other purposes with the applicant’s consent or to a health professional body for the purposes of investigation, discipline, practice review, or inspection of the medical staff member or in accordance with other legislation (s. 37).*

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| **PART 1: PERSONAL INFORMATION** | | | |
| Last Name | First Name | Middle Name | |
| Known As | Previous Surname | Date of Birth | **Male**  **Female** |
| Practice Permit Status (e.g. CPSA)  Current Independent License in AB  New Registrant *– Sponsorship Required*  New Registrant *– Sponsorship Not Required* | | | |
| Citizenship or Work Permit Status  Canadian or Permanent Resident  Work Permit in progress  Work Permit complete *Expiry Date:* | | | |

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| **PART 2: CONTACT INFORMATION** |

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| **ADDRESS AND CONTACT POINTS** | *Application Packages will be emailed to the Applicant at the address listed below. Additional contact information is used to setup their profile in the medical staff database.*  Office *or*  Home | | |
| Address Line 1 | | Phone |
| Address Line 2 | | Fax |
| Address Line 3 | | Mobile |
| City | Province/State & Country | Postal Code |
| Email Address | | |

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| Once the Practitioner has completed Parts 1 and 2 above the Clinical Department will work with the Practitioner to complete Part 3 below and attach the relevant *Clinical Privilege* Forms signed by the Practitioner and the Clinical Section Chief (if applicable); the Department Head Review occurs at a later stage.   * If the Practitioner currently has a Work Permit, please attach a copy. * If the Appointment is to the Probationary (active) category the Department must complete and attach an *Impact Analysis.*   Once complete, please submit this form and the necessary attachments to CAL.MedicalStaffOffice@ahs.ca. |

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| PART 3: APPOINTMENT SUMMARY *(to be completed with the Primary Clinical Department)* | | | |
| *List all requested Departments/Sections and identify one primary. Complete and attach a Clinical Privileges form for each Appointment.*   |  |  |  | | --- | --- | --- | | Zone | Department | Section(s) | | Calgary | PRIMARY: |  | |  | Supplementary: |  | |  | Supplementary: |  | |  | Supplementary: |  | | | | |
| Appointment Category  Community  Probationary (active)\*  Locum Tenens | Appointment Categories are defined in Section 3.1 of the AHS Medical Staff Bylaws | | |
| <http://www.albertahealthservices.ca/2376.asp>  *\*Active Appointments shall initially be to the Probationary Staff Category.* | Anticipated Start Date | End Date  (*if applicable)* |

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| **PLEASE INCLUDE COPIES OF THE FOLLOWING (IF APPLICABLE)** | | |
| * Clinical Privilege Form(s) | * Impact Analysis * CPSA Eligibility Letter | * Work Permit * Sponsorship Change Form |