



**Saskatchewan
Government Relations
and Aboriginal Affairs**

**Health Professional
Application Form
for Physicians**

FOR OFFICE USE ONLY

Office file number: _____

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

NOTE: This form must be completed and accompany the relevant Citizenship and Immigration Canada (CIC) forms. A complete list of required forms can be found on the following website:

http://www.immigrationsask.gov.sk.ca/sinp/health_professions.htm

PLEASE PRINT OR TYPE APPLICATION

The Applicant must meet and attach supporting documentation for the following three criteria:

1. I have attached a copy of my Temporary Work Permit (TWP) showing I have been practicing as a physician in Saskatchewan for a minimum of 6 months. Yes No

Date of Employment: _____ Place of Employment: _____

Temporary Work Permit (TWP) # BB _____ Expiry Date: _____

2. I have attached a copy of my medical license that allows me to practice in Saskatchewan. Yes No

Type of license issued: _____ Expiry Date: _____

3. I have attached one or both of the following: Yes No

a) An offer of permanent employment issued by a Saskatchewan Regional Health Authority;

and/or,

b) Documents describing my permanent arrangement to practice medicine in a Saskatchewan medical office.

(e.g. a business plan or contract, partnership agreement, or other documents describing the applicant's practice)

To be completed by the person, firm or organization who assisted you in preparing your application, (if applicable).

Name of person who provided assistance: _____

Name if firm or organization: _____

Address: _____

Signature: _____ Date: _____

HAS THE APPLICANT OR A FAMILY MEMBER ACCOMPANYING THE APPLICANT PREVIOUSLY APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: Yes No

If yes, please provide:

Immigration office contacted: _____

Date(s) of application: _____

Name(s) of applicant: _____

Category of application: Entrepreneur Self-Employed Independent
 Family Class Provincial Nominee Investor

If Provincial Nominee, indicate Province of application: _____

Have you ever been refused a visa? Yes No

PERSONAL INFORMATION

1. a) Surname (family name):

b) Given name(s):

c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code)

2. a) Date of birth (day/month/year):

b) Place of birth (city or town):

c) Country of birth:

3. Sex: Male Female

4. Citizenship:

5. a) Mailing address:

b) Duration at this residence (years and months):

c) Address of residence (complete if mailing address is a post office box or different from place of residence):

d) Telephone number:

e) Facsimile number:

f) E-mail address:

6. List those who will accompany the applicant to Canada (use a separate sheet if required):

<u>Name Last/Given</u>	<u>Relationship</u>	<u>Date of Birth/Age</u> (day/month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List relatives currently living in Canada (use a separate sheet if required):

<u>Name Last/Given</u>	<u>Relationship</u>	<u>City/Province</u>	<u>Length of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. The following questions are applicable to licensed occupations only (for all countries/jurisdictions where the applicant has practiced or resided):

Has your license, registration, or certificate ever been suspended or revoked? Yes ___ No ___

Have you ever had an application for licensure or registration rejected? Yes ___ No ___

Have you ever been the subject of an official enquiry or investigation by a governing body? Yes ___ No ___

9. Have you as the principal applicant, or, any of your family members listed in your application for permanent residence in Canada, ever been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country?

YES NO

If your answer to this question is YES, provide details below.

DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

Applicant Name (please print)

Applicant Signature

Date

