



**Government of Saskatchewan  
Immigration Branch**

**Health Professional  
Application Form**

**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](http://www.immigrationsask.gov.sk.ca/sinp/health_professions.htm)

<b>SINP Health Professionals Eligibility Criteria</b>		
The applicant must meet and supply supporting documentation for the following three criteria to be considered under the SINP.	YES	NO
<p>1. I have attached a copy of my CIC Work Permit (TWP) showing I have been practicing in Saskatchewan for a minimum of 6 months.</p> <p>Date of Employment: _____ Place of Employment: _____</p> <p>Temporary Work Permit (TWP) # <b>BB</b> _____ Expiry Date: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. I am currently working as:</p> <p>A nurse and have the following license; <input type="checkbox"/> Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), <input type="checkbox"/> Saskatchewan Association of Licensed Practical Nurses (SALPN), or <input type="checkbox"/> Saskatchewan Registered Nurses' Association (SRNA). License #: _____</p> <p style="text-align: center;">OR</p> <p>A physician and have the following license with the College of Physicians and Surgeons of Saskatchewan; <input type="checkbox"/> Provisional, <input type="checkbox"/> Temporary, <input type="checkbox"/> Special or <input type="checkbox"/> Full License.</p> <p style="text-align: center;">OR</p> <p>Currently working in an occupation that is regulated or funded by Saskatchewan Health.</p> <p>Occupation _____ Licensing Body: _____</p> <p>License #: _____ Expiry Date: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. I have attached an offer of permanent employment issued by a Saskatchewan Regional Health Authority or other health employer.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PERSONAL INFORMATION</b>		
1. a) Surname (family name):		b) Given name(s):
2. a) Date of birth (day/month/year):	b) Place of birth (city or town):	c) Country of birth:
3. Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code)		
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Citizenship:
6. a) Mailing address:		b) Applicants 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:		
7. 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. 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>
------------------------	---------------------	----------------------	----------------------------

---



---



---

9. The following questions are applicable 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 \_\_\_

Have you ever been under investigation or is your registration currently encumbered in any way by a registration/licensing authority for any occupation/profession in any province, state or country? Yes \_\_\_ No \_\_\_

10. 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? This includes the Criminal Code (Canada), Food and Drug Act (Canada), the Controlled Drugs and Substances Act (Canada), or any similar legislation in any province, state or country.

YES  NO

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

---



---



---



---



---



---



---



---

HAS THE APPLICANT OR A FAMILY MEMBER ACCOMPANYING THE APPLICANT PREVIOUSLY APPLIED FOR ADMISSION TO CANADA AS A LANDED 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of firm or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**Government of Saskatchewan  
Immigration Branch**

**SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)**

**AUTHORIZATION TO RELEASE INFORMATION AND DOCUMENTS**

I, \_\_\_\_\_, hereby authorize Saskatchewan Advanced Education and Employment to obtain information from any persons or organizations who they think may have relevant information relating to my application under the Saskatchewan Immigrant Nominee Program. I further authorize any person or organization that is contacted by Saskatchewan Advanced Education and Employment to release any information or documents requested by Saskatchewan Advanced Education and Employment. Without limiting the generality of the foregoing, this authorization authorizes police authorities, Saskatchewan Health and other provincial or federal government officials, Saskatchewan Regional Health Authorities, Saskatchewan Cancer Agency, other health employers, professional regulatory bodies, individuals with whom I have practiced my health occupation, and any other person or authority having knowledge of matters relevant to my application to release information to Saskatchewan Advanced Education and Employment.

This authorization further extends to expressions of opinion by any person contacted by Saskatchewan Advanced Education and Employment.

I further agree that a photocopy of this document shall have the same effect as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

**AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION**

TO: Saskatchewan Advanced Education and Employment

- I authorize you to release information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government relating to my application and other government officials as you deem appropriate. I also authorize the release of information from my Saskatchewan Immigrant Nominee Program application to Saskatchewan Health, Saskatchewan Regional Health Authorities, Saskatchewan Cancer Agency, other publicly funded health employers and professional regulatory organizations.
- I authorize the release of employment and educational history to potential employer(s) and to associations and agencies assessing work and educational qualifications.
- I further authorize you to release information relating to my application, to discuss the contents of this form, and to provide information gathered in connection with my application to my consultant or lawyer, namely (name, address, phone #)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature