

Application Form
Part A- Contact Information

It is the responsibility of the applicant to update AHS immediately regarding any changes to the information provided below.

Last Name	First Name
Preferred Name (if applicable)	Email Address
Are you eligible to work in Canada?(e.g. a permanent citizen/landed immigrant, or here on work visa) <input type="checkbox"/> Y <input type="checkbox"/> N	

Part B- Application Terms and Conditions

Please read the following statements carefully, then sign and date below.

I certify that:

- (i) All of the information on this form and on all supporting documents submitted with respect to this application (all of which together constitute the “application package”) is true, complete, and correct; and
- (ii) All of the information relevant to my application has been included in my application package.

I agree that:

- (i) If any information contained in my application package is false or misleading, or if any relevant information has been concealed, withheld, or not submitted as part of my application package, my application package may, at the sole option and discretion of Alberta Health Services, be rejected from eligibility; or
- (ii) I will share the applicable documents with AHS via physiciansapply.ca prior to submitting my application; and
- (iii) All decisions made by Alberta Health Services are final and cannot be challenged.

Date	Print Name
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Signature

Part C- Mandatory Requirements Checklist

Use these checklists to ensure that your application is complete. Incomplete applications will be denied.

Email Checklist

The following documents must be submitted by email to CAprescreen@ahs.ca in Word or PDF format.

- Completed Application Form, signed and dated
- IELTS or OET Medicine examination or CELPIP General examination Test Results
(must be a photocopy of an original notarized/certified copy)
- Resume, provide evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years

Document Sharing Checklist

The following documents must be shared with AHS via the physiciansapply.ca portal.

- Medical Degree Certificate and Transcripts
- Post Graduate Medical Education (PGME) Certificate
- Certificate of Proof of Name Change, if applicable *(e.g. Marriage Certificate; Change of Name Document; Affidavit of Differing Names)*
- MCCQE Part 1 Statement of Results

Privacy Collection Statement

The collection of personal information on this form and the supporting documentation is legally authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will only be used and disclosed as necessary to process your Clinical Prescreen application. If you have any questions about the collection of personal information as provided on this form, please contact us by emailing Caprescreen@ahs.ca.

Application Guidelines

These guidelines are meant to assist those individuals who wish to apply for the CA Pre-Screening Process. The application form and accompanying documentation must be emailed to CAprescreen@ahs.ca. In addition, the applicant must share his/her file with "AHS CA Pre-Screening" through Physicians Apply. The applicant will receive an automated response to their email ensuring that the email was successfully received. Application reviews can take up to 4 weeks. Upon completion of the review, the applicant will receive an email as to whether or not he/she was successful, and information on next steps.

NOTE: It is a serious offence to give false or misleading information. The discovery of any false or misleading information on your application form, or in any documents supporting your application, or the discovery that any relevant information has been concealed or withheld may result in the rejection of your application and/or the cancellation of the CA Pre-Screening Process. All information requested through the application process will be used solely for the administration and management of the CA Pre-Screening Process and will not be shared with any other person or agency without the applicant's permission.

Completing the form

- 1) Download and fill out the application form.

NOTE: Completing the form electronically is easier and reduces the risk of errors that can slow down the application process. You can do this in Microsoft Word. Alternatively, you must print out the form and complete it manually.

- 2) Sign and date your application form.

Submitting the Documentation

- 1) Some documents must be shared with "AHS CA Pre-Screening" via the Physicians Apply portal. Do not send these same documents via email. If you have not yet registered with Physicians Apply, please visit their website at <http://physiciansapply.ca/>.
- 2) The submission and sharing of all documentation is the sole responsibility of the applicant; AHS will not request documentation from other organizations or individuals on behalf of the applicant.

Who can certify (notarize) documents?

Certification (notarization) by one of the following is acceptable, provided that the person is a registered member of his/her professional association at the time of certification:

1. Commissioner of oaths
 - Must have an official government agency appointment and a seal or a stamp
 - Certification by a Commissioner of Oaths in a bank is not acceptable
2. Judge, Magistrate
3. Justice of the peace
4. Lawyer (member of a provincial bar association)
5. Mayor
6. Notary Public
7. Police Officer (must include badge number and headquarter location)

Family members cannot certify copies of an applicant's documents

Completing the Application Form

Section	Action	Mandatory Supporting Documents
Full Name	Type your family name (surname) and all of your given name(s) (first, second, or more) as they appear on your identity document (even if the name is misspelled). Do not use initials.	N/A
Other Name(s)	If your surname and/or given names have changed, and any of the supporting documents you will be submitting are in your former name, OR your name is spelled differently on any of the documents, please include the name(s) in the space provided.	This document could be a: 1) Marriage Certificate 2) Change of Name Certificate 3) Affidavit of Differing Names verifying that the differing names or spellings of names, on any of your supporting documents, all belong to one and the same person
Email address	Provide an e-mail address. NOTE: By indicating your e-mail address, you are hereby authorizing transmission of correspondence, including file and personal information, to be sent electronically to you at the email address provided.	N/A
Eligible to work	Applicants must be either a Landed Immigrant (Permanent Resident), a Canadian Citizen, or they must have a valid Work Permit at the time of application.	N/A
Terms and Conditions	Please read the consent statements carefully, and sign and date the document.	N/A
Checklists	These are provided for the use of the applicant.	Some documents must be emailed, and others must be shared via Physicians Apply, as listed below.

Checklists

Requirement	Detailed Descriptions	How to Submit
Application Form	This must be completely filled out, signed, and dated.	Submit this document via email.
IELTS or OET Medicine examination or CELPIP General examination Test Results	Applicants must have completed their English Language Proficiency examination within 24 months of application, and achieved a minimum of 7.0 in each of the components of IELTS in a single test, or a minimum grade of B in each component of OET in a single test, or a minimum score of 9 in each component of CELPIP General examination in a single test.	Submit a photocopy of an original certified copy of your official test results via email. Internet results will not be accepted.
Resume	Applicants must submit a resume if the PGME is not within Currency of Practice guidelines, this must demonstrate evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.	Submit this document via Email
Medical Degree Certificate AND Transcripts	Applicants must be a graduate of a medical school located outside of Canada and the United States, listed in the Foundation of Advancement of International Medical Education and Research (FAIMER) International Medical Directory (IMED).	Share via the Physicians Apply portal.
Postgraduate Medical Education (PGME)	Applicants must provide proof of having completed at least one full year of hands-on training after having obtained his/her medical degree. The document shared must indicate specific start and end dates. We will be unable to take applicants if : 1) The timeframe is less than one year. 2) The training took place before the completion of your medical training. 3) The documents only indicate an academic degree without mentioning hands-on training.	Share via the Physicians Apply portal.
Proof of Name Change	Only if applicable. See Part A.	Share via the Physicians Apply portal.
Resume	Applicants must submit a resume if the PGME is not within Currency of Practice guidelines, this must demonstrate evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.	Submit this document via Email