

Physician Sponsorship Grant Form

The Town of Strathmore is piloting a grant program for local medical offices. The purpose of this grant is to support practitioners in their sponsorship of internationally trained physicians through the College of Physicians & Surgeons of Alberta (CPSA). The CPSA oversees a sponsorship program, and applicants must follow the CPSA's process to be eligible for the Town's grant, meant to go towards costs of the CPSA's program. The Town will offer a total of three (3) grants (up to \$30,000 each), to eligible applicants, on a first come first served basis.

To be eligible for the grant, applicants must have signed a sponsorship contract with CPSA before applying, agree to commit to sponsoring the internationally trained physician for up to six (6) years, including financially supporting the sponsored physician throughout the registration process, practice readiness assessment, and agree to pay the grant back to the Town should the sponsored physician practice in the Town for less than five (5) years. **Applications will be accepted starting June 1, 2024.**

Section A Contact Information

Clinic operating name:	
Clinic legal name: (if different from operating name)	
Registered College of Physicians & Surgeons of Alberta (CPSA) Sponsor Name: (the applicant)	
Phone number:	
Email address:	
Mailing address:	
Physical address: (if different from the mailing address)	

Section B Program Application

- ☐ I (the sponsoring physician) have signed a sponsorship contract with CPSA prior to applying for the Town's Physician Sponsorship Grant. Contract date: _____
- ☐ I am committed to sponsoring the international trained physician for up to six (6) years.
- ☐ I acknowledge that I am required to pay the grant back to the Town, should the internationally trained doctor practice in the Town for less than 5 years.
- ☐ I will ensure the sponsored physician completes the required orientation for international medical graduates.
- ☐ I will be committed to financially supporting the sponsored physician through the registration process, practice readiness assessment (PRA), and into independent practice. This includes living expenses, transportation costs, and remuneration for PRA assessors and supervisors.
- ☐ Upon request I will provide the Town with documentation of costs incurred.
- ☐ I will offer our sponsored physician independent legal counsel to review all sponsorship and employment contracts.
- ☐ I recognize that CPSA's Standards of Practice and Code of Ethics & Professionalism supersede any arrangements made between the sponsored physician and the sponsor.

Section C Attestation

- ☐ I have the authority to submit this application for funding to the Town of Strathmore. I certify that the information provided is true, accurate and complete.

Signed: _____

Dated: _____

Please submit completed form

By email: lsadmin@strathmore.ca or

In person: 1 Parkland Drive, Strathmore, AB