

Registration Understanding and Acknowledgement Agreement

Educational - postgraduate (resident) - authorization to provide services as a "resident - clinical associate" in accordance with s.2-29(3) of the Bylaws

I, _____, of _____, British Columbia
Name City

in consideration of my registration in the educational - postgraduate (resident) class, acknowledge and understand that:

1. I will have professional medical liability coverage before providing medical services in BC via one of:
 - a. the appropriate category of membership in the Canadian Medical Protective Association,
 - b. a policy of professional liability insurance issued by a company licensed to carry on business in British Columbia that provides coverage of at least \$10 million, or
 - c. the Health Care Protection Program (by the Risk Management Branch of the Ministry of Finance).
2. I will practise medicine under supervision, on patients receiving a service within a health authority in a clinical academic centre affiliated with the faculty of medicine, University of British Columbia in accordance with s.2-29(3) of the Bylaws.
3. I will provide services in accordance with s.2-29(3) of the Bylaws and the directions approved by the Board of the College of Physicians and Surgeons of BC.
4. My registration is valid only while I am enrolled in a full-time Royal College of Physicians and Surgeons of Canada (RCPSC) postgraduate training program at the University of British Columbia, subject to payment of annual licensure fees.
5. My registration in the educational - postgraduate (resident) class and the authorization to provide services in accordance with s.2-29(3) of the Bylaws expire annually on June 30, unless cancelled earlier in accordance with the Bylaws.

6. This registration will be reviewed at least annually by the employer and program director.
7. I will not submit claims to BC Medical Services Plan for services provided in accordance with s.2-29(3).

Dated at _____, British Columbia, this ____ day of _____, 20____.

Signature of resident

Signature of witness

Name of witness (please print)

Address