COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

LICENSING

T 604-733-7758
TF 1-800-461-3008
F 604-733-3503

300–669 Howe Street
Vancouver BC V6C 0B4
Canada

cpsbc.ca

Request for Authorization (Health Authority) Under Section 6-46(3) of CPSBC Bylaws

A postgraduate resident may be authorized to provide services, under supervision, for 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 section 6-46(3) of the College of Physicians and Surgeons of BC (CPSBC) Bylaws.

Candidates who fulfill the criteria set out in section 6-46(3) of the Bylaws will be authorized to provide such services and will be licensed in the educational – postgraduate (resident) class. **An authorization granted under section 6-46(3) of the Bylaws is valid only while the candidate remains enrolled in a Royal College of Physicians and Surgeons of Canada (RCPSC) postgraduate training program at the University of British Columbia and until June 30 of each year.**

In order to obtain authorization under section 6-46(3) of the Bylaws, the postgraduate resident must satisfy the following criteria:

- Enrolment in postgraduate training program in the faculty of medicine that will lead to certification with the RCPSC.
- Completion of at least 24 months of related postgraduate training.
- The candidate must have obtained the Licentiate of the Medical Council of Canada certificate (LMCC).
- The candidate must carry professional liability coverage
  - through the appropriate category of membership in the Canadian Medical Protective Association, or
  - 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
  - provided through the Health Care Protection Program (by the Risk Management Branch of the Ministry of Finance).
- There must be clear relevance between the medical services to be provided by the resident and the discipline within which the resident is engaged in training.
- The services must be provided under supervision.

POSTGRADUATE RESIDENT INFORMATION

Full name: _____

RCPSC specialty training: _____ Practice start date: _____

Hospital(s) where resident will practise: _____

Clinical area(s) where resident will practise: _____

The resident will be under the supervision of the attending physician on staff at this health authority. ◯ Yes ◯ No

HEALTH AUTHORITY INFORMATION

Health authority: _____ Medical director: _____

Email: _____ Phone: _____

Medical director signature: _____ Date: _____

Credentialling department contact name: _____

Email: _____

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this [form] is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of processing the request for authorization.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.