RESIDENT ON-CALL DUTIES

It is the responsibility of the resident to ensure all sections are completed and submitted to the College no later than **3 business days** prior to the requested start date to ensure sufficient processing time. The College must approve and grant a licence to practise <u>prior</u> to commencement of all Resident On-Call Duties. *It is an Offence to practise medicine without a licence*.

<u>Section 1: Resident Information</u>									
Name:		Program:	PGY Le	PGY Level/CBD Stage:					
Current Service (at time of requested On-Call Duties):									
☐ <u>ACLS</u> ☐ Leave approved (attach)									
Section 2: Regional Health Authority									
A.	Requesting Discipline/	Service:							
В.	Reason for Coverage:								
C.	C. Division Head/Site Chief:								
		Name (Print)	•						
D.	Start Date/Time:		ate/Time:						
_	Start Date/Time:		ate/Time:						
E.	Location / Site:								
F. Sponsorship: I, (VP or Director of Medical Services), hereby confirm sponsorship for the above specified Resident On-Call Duties.									
Na	me (Print)	Signature	Title	Date					
Section 3: Memorial University Faculty of Medicine									
A.	RESIDENCY PROGRAM: Date of Resident's last successfully completed rotation in requested discipline/service:								
В.	ATTESTATION: Resident has the knowledge, skills, and judgment to perform the professional activities within the requested Resident On-Call Duties:								
	(Assistant/)Program D	irector Name (Print)	Signature	Date					
C.	DEAN OF POSTGRADUATE MEDICAL EDUCATION (OR DESIGNATE STAFF): Must be submitted to PGME no later than <i>3 working days PRIOR to CPSNL submission deadline</i> .								
I hereby request the College to issue a Provisional Resident On-Call Duties Licence to the specified resident:									
Name (Print)		Signature	Title	Date					

Section 4: Resident Attestation I certify that the information given on this form is correct & I understand this Form will be used by the College to determine eligibility for a Resident On-Call Duties Licence:							
Name (Print)	S	ignature	Date				
Section 5: College Approval (For internal use only) Online Courses: Writing Prescriptions □ Safe Prescribing □ PHIA □							
Culturally Safe Health Care for Indigenous Patients □							
CMPA □ MCCQE1 □							
Applicable Fees: Other							
REGISTRAR APPROVAL (OR DESIGNATE):							
Name (Print)	Signature	Title	Da	ate			