

**EXTRACURRICULAR DISCIPLINE AND NON-DISCIPLINE CALL REQUEST**

*\*For Extracurricular Non-Discipline Call, it is the responsibility of the learner to ensure all sections are completed and submitted to PGME no later than SIX business days prior to the requested start date to ensure sufficient processing time for the CPSNL.*

*The CPSNL must approve and grant a license to practice in ADVANCE. Learners must contact the Health Authority and the CPSNL to confirm the request has been approved PRIOR to starting. IT IS AN OFFENCE AND SIGNIFICANT PROFESSIONAL LAPSE TO PRACTICE MEDICINE WITHOUT A LICENSE.*

**SECTION 1: LEARNER INFORMATION**

Name: _____	Program: _____	
PGY Level/CBD Stage: _____	Email: _____	
Current ACLS (dated within two years): <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>Required</b> for Anesthesia, Emergency Medicine, General Surgery, Internal Medicine, General Internal Medicine (pre-FRCPC certification), Obstetrics-Gynecology, and Critical Care)		
Scheduled rotation at time of requested call: _____	Approved Annual Leave Attached (if applicable): <input type="checkbox"/> Yes	
Date of last successfully completed rotation or extracurricular call in requested service: _____		
CALL TYPE: <input type="checkbox"/> Extracurricular Discipline Call <input type="checkbox"/> *Extracurricular Non-Discipline Call CMPA Code 14: <input type="checkbox"/> Yes		
Learner Attestation: I certify that the information given on this form is correct and I understand for non-discipline call this form will be used by the CPSNL to determine eligibility for a Postgraduate On-Call Duties License.		
_____ Name (Print)	_____ Signature	_____ Date

**SECTION 2: HEALTH AUTHORITY**

Requesting Service: _____	Site of Call: _____		
Division Head/Clinical Chief: _____	_____ Signature		
Name (Print)			
<b>PLEASE USE 24 HOUR CLOCK</b>			
Start Date/Time: _____	End Date/Time: _____		
Start Date/Time: _____	End Date/Time: _____		
Sponsorship: I, _____ (VP or Director of Medical Services), hereby confirm sponsorship for the above specified extracurricular call duties; for non-discipline call this includes sponsorship for a Postgraduate On-Call Duties License.			
_____ Name (Print)	_____ Signature	_____ Title	_____ Date

**SECTION 3: PROGRAM**

<b>Attestation:</b> This learner has the knowledge, skills and judgment to perform the professional activities within the requested extracurricular call duties.		
_____ (Assistant/) Program Director Name (Print)	_____ Signature	_____ Date

**SECTION 4: POSTGRADUATE MEDICAL EDUCATION (PGME) *FOR EXTRACURRICULAR NON-DISCIPLINE CALL ONLY***

*Must be submitted to PGME no later than SIX business days PRIOR to the start date of the call shift.*

**ASSOCIATE DEAN OF PGME or DESIGNATED PGME STAFF:** I hereby request the CPSNL to issue a Provisional Postgraduate On-Call Duties License (Extracurricular Non-Discipline Call) to the specified learner:

_____ Name (Print)	_____ Signature	_____ Title	_____ Date
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