

NON-REGISTERED SPECIALIST ASSESSMENT PROGRAM

“AUTHORIZATION FOR RELEASE OF REPORT OF ASSESSMENT”

I, _____(name), authorize the Department of Continuing Medical Education, The University of Manitoba to release a copy of the “Report of Assessment”, resultant from my participation in the Non-Registered Specialist Assessment Program (NRSAP), to the College Of Physicians and Surgeons of Manitoba.

Signature _____

Date _____

Witness _____

Sample Letter of Understanding

(Date)

(Candidate name and address)

Dear (candidate)

Re: Clinical Assessment in the Non-Registered Specialist Assessment Program (NRSAP)

In connection with an assessment of your skills by the University of Manitoba (the “University”) in the context of the NRSAP, please be advised as follows:

1. The assessment will take place between (insert dates) and will be conducted by the University.
2. At the conclusion of the Assessment, the University will notify the College of Physicians and Surgeons of the results of the Assessment.
3. Registration and granting of a license to practice medicine is vested in the individual provincial and territorial licensing authorities. We are not responsible for the decision of a licensing authority to grant or to refuse a license.
4. The University’s responsibility lies solely in assessing your skills to practice as a non-registered specialist in Manitoba. The University does not have any responsibility to provide, or to help you obtain, any further training to remediate identified deficits.
5. The duration of the assessment period is (insert duration). The assessing department has the right to terminate the assessment after no less than one month if it determines that there exist deficits in your knowledge, skills, and/or attitudes that would preclude your successful practice as a non-registered specialist in Manitoba.
6. In signing this letter, you also agree to indemnify and save harmless the University for any loss, damage, cost or injury suffered by the University or its servants, agents or employees as a results of the Assessment and any recommendations contained therein.
7. **You also agree that you have been advised of the right to obtain independent legal advice prior to signing this letter which is a legal and contractually binding document.**
8. Once signed, this letter comprises the entire understanding between you and the University and supersedes any other written or verbal communications in relation to this matter.
9. A facsimile copy of this letter, when signed, shall be deemed to be the original.

If you are in agreement with all the terms and conditions contained above, please sign below where indicated.

I have read the above and agree to the terms and conditions set out therein.

Witness

(candidate’s name)

Date: _____