

Physician Licensure Renewal Guide

Section 1: GETTING STARTED:

STEP 1: Once logged in, please click on “**My Profile**” in navigation bar.



STEP 2: To start your renewal, please click “**Click Here to Proceed to Renewal Page**”



If you require assistance with renewal, please contact the College during regular business hours at 306-244-7355.

STEP 3: Once on the Renewal Page, please make sure to read what is required to complete your licensure renewal before clicking “**Start Renewal Now**”

Please Read before starting your Physicians Annual Renewal

To complete your Annual Licensure Renewal Application you will need the following:

1. Your Medical Identification Number for Canada (MINC) and password from the Renewal Notice,
2. Your Canadian Medical Protective Association (CMPA) Membership Number if you have CMPA coverage,
3. Your Continuing Professional Learning cycle start and end dates from the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC), and
4. A Visa or Mastercard, or the name of the person/agency paying your fee.

Note: We will not finalize your renewal until all required documentation has been received and payment has been processed

If you need assistance with the renewal process you can reach the College staff during office hours (weekdays 8:30 am-noon; 1-4:30 pm) by phone at (306) 244-7355, or by email at cpsreg-renew@cps.sk.ca.

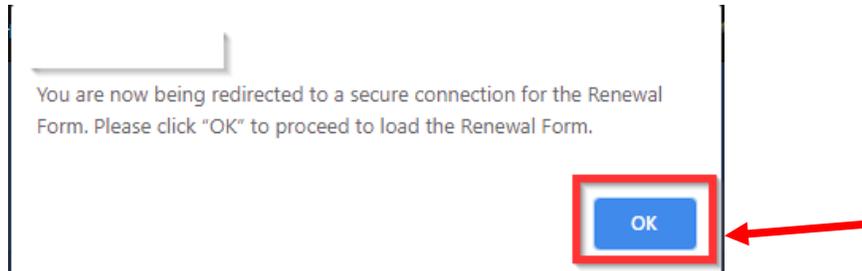


NOTE: If you are returning to complete your licensure renewal form click **“Return to Renewal Form”** on the Renewal Page noted in **STEP 3**.

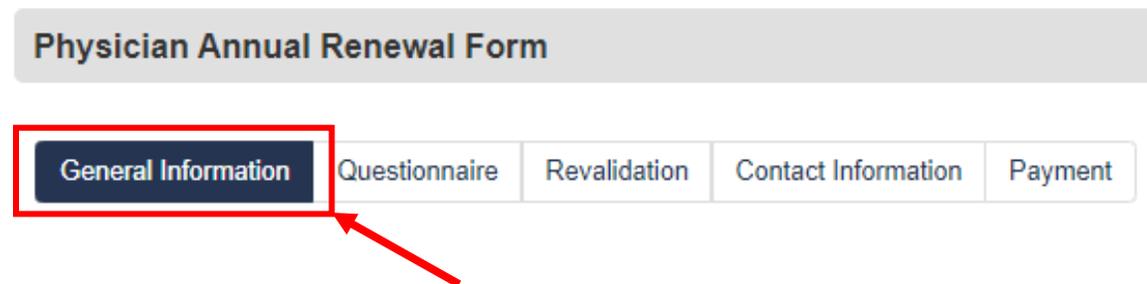


STEP 4: Before being able to start your renewal, a pop-up box will appear.

Please click **“OK”** to be redirected to the secure license renewal form to begin.



STEP 5: You are now in your Renewal Form. The renewal form will walk you through all the elements you need to revisit to complete your renewal in Chronological Order, starting with General Information.



Section 2: NOTES ON NAVIGATING THE RENEWAL FORM

To move advance to the next section click **“Save and Continue”**



If you need to return the previous page click **“Previous”**



If a question requires additional information, it will appear in the same question box as a drop down comment box.

Question 13

13. Are you licenced by another regulatory authority, other than the College of Physicians and Surgeons of Saskatchewan? *

Yes

No

Question 13

13. Are you licenced by another regulatory authority, other than the College of Physicians and Surgeons of Saskatchewan? *

Yes

No

List all licensing authorities, (Canadian or otherwise) not including the College of Physicians and Surgeons of Saskatchewan, with whom you currently hold a license to practice medicine. *

If you miss a question or required field, the form will direct you to the question or field at the top of the page and highlight the area in red.

Physician Annual Renewal Form

Please fix the following errors before submitting.

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? is required

General Information

Questionnaire

Revalidation

Contact Information

Payment

Question 1

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? *

Yes

No

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical license, registration or certificate? is required

On the contact page, if you need to make any changes click “Yes” and a box will appear for you to update your contact information.

Office

All office addresses will be published and released to the public.

Current Clinic Name

Broadview Medical Center

Current Phone Number

(306) 696-2266

Current Fax

(306) 696-2676

Current Office Address

Box 39
Broadview, SK S0G 0K0

Would you like to update your Office contact information?

Yes

No

Clinic Name

Broadview Medical Center

Phone Number

() - -

Fax Number

() - -

Address 1

Box 39

Address 2

City

Broadview

Province

Saskatchewan

Postal Code

S0G 0K0

Section 3: NOTES ON PAYMENT OPTIONS:

On the payment page you will be asked on how you will be paying this year.

General Information	Questionnaire	Revalidation	Contact Information	Payment
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Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. *

Pay by Credit Card
 Pay by Cheque
 Payment will be provided by third-party.

NOTE: If paying by credit card, select “Pay by Credit Card” then click “Pay Dues” to proceed to the fees review page.

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. *

Pay by Credit Card
 Pay by Cheque
 Payment will be provided by third-party.

Click Save to save your answers, and you can continue next time.

NOTE: If paying by cheque, select “Pay by Cheque” then click “Confirm Dues & Submit” to proceed to the fees review page.

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. *

Pay by Credit Card
 Pay by Cheque
 Payment will be provided by third-party.

Click Save to save your answers, and you can continue next time.

NOTE: If paying by third-party, select **“Payment will be provided by third-party”**, enter the name of the third-party that will be making the payment, then click **“Confirm Dues & Submit”** to proceed to the fees review page.

Please select your method of payment. If paying by cheque or by third-party, your license will not be processed until payment is received. *

- Pay by Credit Card
- Pay by Cheque
- Payment will be provided by third-party.

Please enter the name of the person or organization that will be submitting this payment: *

Click Save to save your answers, and you can continue next time.

You will be brought to the cart to review your fee’s. Once reviewed click on **“Proceed to Payment”**

Annual Active Physician Fees - Period beginning 12/1/2020

Dues Payments

Item	Quantity	Amount
Annual Physician Licensure Fees	1	1,881.00
Re-registration fee	1	450.00

Subtotal 2,331.00

If paying by credit card enter your payment details and click **“Submit Order”**

Shopping Cart

Items

Item	Price	Total
Annual Active Physician Fees	2,331.00	2,331.00

Cart Charges

Item Total	2,331.00
Shipping	0.00
Handling	0.00
Transaction Grand Total	2,331.00

If you choose to pay by cheque or third party, please select pay later.

Payment Details

Pay Now

Pay Later

Payment amount 2,331.00

Payment method

* Card number

* Name on card

* Expiration date

* CSC

Card address
Box 39
Broadview, SK S0G 0K0
[Choose another address](#)

Submit Order

If paying by cheque or third-party click **“Pay Later”** then click **“Submit Order”**

Shopping Cart

Items

Item	Price	Total
Annual Active Physician Fees	2,331.00	2,331.00

Cart Charges

Item Total	2,331.00
Shipping	0.00
Handling	0.00
Transaction Grand Total	2,331.00

If you choose to pay by cheque or third party, please select pay later.

Payment Details

Pay Now

Pay Later

For Staff Use

Submit Order

Note: If you or the third-party is paying by cheque, **please make the cheque out to:**

College of Physicians and Surgeons of Saskatchewan

Please mail to at your earliest convenience to mitigate delays in in processing or having re-registration fees being applied:

101-2174 Airport Drive, Saskatoon, SK, Canada, S7L 6M6

Upon completing your renewal – you will be brought to the confirmation page, **please print this page** for future reference.

If you have any challenges with your renewal, please call (306) 244-7355 during business hours.

THANK YOU FOR COMPLETING YOUR RENEWAL!!