

Please Print All Information Requested (Except Signature)

Name:

Last

First

Middle

Maiden

Mailing Address:

Number

Street

City

Prov.

Postal Code

Telephone: Work () _____ Home () _____ Mobile () _____

Email: _____

Release

(Please Read Carefully)

I, _____, [name] acknowledge that I have been approved to undertake the Emergency Medicine Enrichment Program.

I understand that:

1. the training provided by the Emergency Medicine Enrichment Program is experiential and is not designed as a competency assessment tool for any authority;
2. completion of the Emergency Medicine Enrichment Program in no way guarantees future competence in emergency medicine;
3. the Emergency Medicine Enrichment Program is not a formally evaluated program and a certificate of completion does not indicate competence in emergency medicine;
4. a written Daily Assessment will be prepared by the Supervising Emergency Physician and a copy of these Assessments will be forwarded to my Zone Medical Director;
5. if one or more of my Supervising Emergency Physicians has concerns about my ability to provide safe patient care this may be documented on my Daily Assessment form and will be forwarded to my Zone Medical Director;
6. my Supervising Emergency Physicians may be under a duty to report any concerns about my ability to provide safe patient care to the College of Physicians and Surgeons of Alberta;

I agree that the Enrichment Program Coordinator, the Emergency Medicine Education Committee and their employers are not responsible for any future care provided by me. I agree that the Enrichment Program Coordinator, the Emergency Medicine Education Committee and their employers will not be responsible or liable to me if I am not able to acquire or re-acquire licensure status or privileges with any Health Authority, hospital, governing body or other person.

I hereby release, indemnify and hold harmless the Enrichment Program Coordinator, the Emergency Medicine Education Committee and their employers from any and all liability, claims, demands, actions and damages whatsoever, whether arising in contract or in tort and whether caused by or contributed to by any negligence, breach of duty or wilful misconduct of myself, the Enrichment Program Coordinator, the Emergency Medicine Education Committee and their employers, including those that may arise directly or indirectly out of any acts or omissions of myself during my period of training.

Signature of Enrichment Physician _____ Date: (DD/MM/YYYY) _____

Signature of Zone Medical Director _____ Date: (DD/MM/YYYY) _____