CONSULTANT Application Form – Medicine

Note: SMSCS Medicine "Consultant" is a member that has obtained SPORT CREDENTIALS within their professions

(as of October, 2025)

1) CONTACT INFORMATION:

Name:		
Address:	City:	PC:
Email:		Phone:

2) CONTACT INFORMATION (Business/Clinic):

Name:	
Email:	Phone:
Website:	Instagram:

Note: Confidentiality – We do list your name, business (if applicable), qualifications and social media information on our website so our clients can review current consultants and select who they would like to provide their services. However, phone, address and email information are for office use only and will not be provided externally.

3) SELF – DECLARATION (Voluntary)

Voluntary self-declaration is an opportunity for the SMSCSA to better understand the diversity of our membership, consultants, and service providers. Any self-declaration will in no way affect your application acceptance and is solely used for statistical collection to help direct and guide us with future educational and professional programming for our members, consultants and service providers.

A. What gender do you self-identify with: (Refers to current gender which may be different from sex assignments at birth and may be different from what is indicated on legal documents)

☐Male
☐Female
☐Prefer to Self Disclose: ☐
☐Prefer to Not Disclose

B. What heritage do you self–identify with:

☐Caucasian ☐Indigenous (First Nations, Metis, Inuit)
☐Member of Visible Minority (a person, other than Indigenous, who are non-Caucasian)
☐Prefer to Not Disclose

C. Are you a person with a disability:

☐Yes ☐No ☐Prefer to Not Disclose

D. Can you speak English or French well enough to conduct a conversation in?

☐English Only ☐French Only
☐Both English & French ☐Any Other Language: _____

4) Please indicate which <u>Sport Medicine body</u> you are a member of:

☐Physician: ☐CASEM Sport Diploma ☐CFPC Sport Certificate
☐Physiotherapist: ☐SPC Diploma
☐Athletic Therapist: ☐CATA Certified
☐Chiropractor: ☐RCCSS Fellowship
☐Registered Massage Therapist: ☐CSMTA Sport Fellow

5) Please indicate the services/programs you would like to provide on behalf of the SMSCS.

Note: Sport Certificate/Diploma (physiotherapists), CATA Certified (athletic therapists), CASEM Diploma/CFPC Certificate (physicians), Sport Fellowship (chiropractors), and CSMTA Sport Fellows (registered massage therapists) **can provide most of the programs/services below**. However, some of the services listed also require a mandatory educational in-service session put on by the SMSCS no matter what sport level the consultant has attained.

<u>SMSCS Education</u>

☐Instructing Sport Injury Prevention and Care (SIPAC) Workshop (7 hours)
☐Instructing Sport Wrapping and Taping (SWaT) Workshop (7 hours)
☐Instructing Concussion Education & Management Session (1 hour)
☐Providing Concussion Management Guidelines Consulting/Review Services (1-3 hours)
☐Instructing Sport Medicine Education Sessions (1 hour)
☐Instructing Self-Massage and the Athlete (1 hour)

<u>Sport Event Medical Coverage Program</u>

☐Provide profession specific treatment (pre/post massage, chiropractic treatment, etc)
☐Provide On-Field Emergency & First Aid Services (see note*)
*note: must have also obtained a First Responder Certification

Initial Assessment Services for High Performance Athletes

☐Concussion Assessment
☐Injury Assessment/Return to Sport following and injury

6) PROFESSIONAL CREDENTIALS, QUALIFICATIONS, CERTIFICATIONS, LICENSING:

Are you currently registered and/or licensed through your provincial and/or national professional body/organization (ie. SPC, CASM, etc)?

☐Yes ☐No ☐Non-Applicable

Are your qualifications, certifications, memberships current and active?

☐Yes ☐No ☐Non-Applicable

Do you currently carry professional liability insurance?

☐Yes ☐No ☐Non-Applicable

Please list your formal education and applicable credentials:

As of January 1, 2022, all Medical Personnel providing first aid and emergency type services as part of our Medical Coverage of Events program must have a current First Responder certification or equivalent.

Do you have a current/updated Sport First Responder and/or First Responder for Medical Professional Certification, or equivalent?

☐No
☐Yes
If Yes, which one:
☐ Expiry Date:

7) SMSCS REQUIRED EDUCATION, CERTIFICATIONS AND SCREENING

a) Canadian Centre for Ethics in Sport (CCES)

The SMSCS has agreed to abide by the CCES 'Canadian Anti-Doping Programs (CADP) Covenant'. As a result, all Consultants & Service Providers are required to complete the CCES Anti-Doping On-Line Education Modules to be a consultant.

Follow the instructions below and complete the following modules: Clean Sport 2025 (True Clean Sport) OR The Clean Sport Review (2025), AND the Role of Athlete Support Personnel. Submit copies of completion documents to SMSCS:

If you already have a CCES online learning account:

- ◊ Log in with your existing username and password here: Public Dashboard | CCES
- ◊ DO NOT sign up for a new account if you have forgotten your password. Use the "forgot password" tool to reset your existing account.
- ◊ Courses will be available on the Dashboard or in My Courses.

If you are completing the CCES requirements for the first time:

- ◊ Sign Up for an account here: Sign Up | CCES (use the enrolment key **SMSCS-staff**)
- ◊ You must complete the profile module before proceeding to the courses.
- ◊ Once completed, return to the Dashboard or My Courses to begin

b) Respect In Sport-On Line Education Program (RiS)

Sport medicine Consultants are required to complete the Sask Sport 'Respect in Sport' Online Education Program. The program was developed by Sask Sport Inc. to assist coaches, sport leaders, and others involved and in contact with athletes in identifying abuse, bullying, harassment, and neglect in sport. The program's goal is to provide a safer and more respectful sporting environment for all to participate.

- ◊ To access and complete the program please visit the following link:

  Respect In Sport Online

- ◊ Once completed, please include your certificate with this submission package.

c) Criminal Record Chek & Vulnerable Sector (CRC-VS)

The council requires you to submit a copy of a criminal record check "dated" within the past 3 years of submitting the application. PLEASE NOTE: If this is your **first time**

submitting a CRC to us you will need to submit a CRC with vulnerable sector (CRC-VS). Note that this only needs to be submitted **1 time** and when re-applying you will only be required to update the CRC.

You can obtain a **CRC or CRC-VS** by following the links below:

- ◊ Living in SASKATOON: With Vulnerable Sector
  Without Vulnerable Sector
- ◊ Living in REGINA: With Vulnerable Sector
  Without Vulnerable Sector

Living in OTHER AREAS of Saskatchewan: contact your local RCMP or Police Department.

***SMSCS will also accept various National Online programs such as "Sterling Backcheck" and "myCRC"*

8. SMSCS SAFE SPORT POLICY

The SMSCS is required to have all Consultants sign off on its Safe Sport Policy. Please visit each link below and check the box for each indicating your acceptance of the SMSCS Safe Sport Policy.

Introduction & Definitions-**Please Read**

Athlete Protection Policy-**Rule of 2:**	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Athlete Protection & the Rule of 2.

***please also complete the attached "IST&S Consent" and submit with application**

Code of **Conduct and Ethics:**	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to the Code of Conduct and Ethics.

Discipline & Complaints Policy:	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Discipline & Complaints.

Discrimination, Harassment, Maltreatment & Prohibited Behaviour:	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Discrimination, Harassment, Maltreatment & Prohibited Behaviour.

Social Media Policy:	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Social Media.

Conflict of Interest Policy:	
☐	By checking here, I state that I have read, understand, and accept the SMSCS Policy related to Conflict of Interest.

In addition to the above, the SMSCS Safe Sport Policy also requires the following:

Canadian Sport Centre Saskatchewan-UNIVERSAL CODE OF CONDUCT TO PREVENT AND ADDRESS MALTREATMENT IN SPORT (UCCMS)

The UCCMS is the core document that sets harmonized rules adopted by sport organizations that receive funding from the Government of Canada. The SMSCS requires all Consultants and Service Providers to accept the full document as is. This will lay the foundation for any work conducted on behalf of the SMSCS for Canadian Sport Centre Athletes.

The purpose of the UCCMS is to advance a respectful sport culture that delivers quality, inclusive, welcoming, and safe sport experiences. More specifically, I hereby consent to the collection, use, and disclosure of my personal information in relation to the administration and enforcement of the UCCMS, as detailed in the following document:

- **Universal Code of Conduct to Prevent and Address Maltreatment in Sport**

  ☐By clicking here, I state that I have read, understand, and accept the UCCMS.

Screening Disclosure

Please read the following statements **carefully** and check the appropriate box. Please note that staff will follow up with you for further information.

☐I have been convicted of a crime in the past.

☐I have been disciplined or sanctioned by a sport governing body or by an independent body in the past. (ie. Sport body, private tribunal, government agency, etc) **OR** have been dismissed from a coaching or volunteer position

☐ I have criminal charges or sanctions currently pending or threatened against me. (ie. sport body, private tribunal, or government agency)

9. ADDITIONAL IMPORTANT INFORMATION:

- As an SMSCS Consultant I am responsible to ensure the privacy and confidentiality of all clients as well as service/treatment related information. I will obtain consent if I plan on sharing client personal, service/treatment information with any other consultant, service provider or practitioner. I will also ensure that I am compliant with privacy and confidentiality policies and procedures imposed by law or governing my profession.
- All Consultants must promote the Council and its programs and services. They must also recognize the Council as a co-presenter for all sessions/presentations. (Note: informational promotional slides are available to insert in all presentations)
- The Council's current pay rates are $130.00/hour for group services and $85.00/hour for individual services. Medical Coverage of Events Honorarium is $50.00/hour.
- To receive payment one of the following must be submitted: (1) a detailed invoice (including dates, names, provider contact information, and a digital signature OR (2) a completed SMSCS Honorarium/Expense Form with digital signature
- Consultants are expected to provide input and/or feedback on SMSCS programs, policies, and procedures when requested.
- Consultants are expected to consider utilizing and promoting the **Sask Sport Resource Line** (including e-support services) which provides information, bilingual support, resources and referrals for sport in Saskatchewan regarding possible bullying, abuse, harassment, discrimination or hazing. The confidential and anonymous resource, operating 365 days of the year from 9 am-9 pm, is intended to assist callers in determining the most appropriate action to take. The Sask Sport Resource Line staff are qualified to handle calls regarding child and youth mistreatment (national/provincial child and youth protective laws) and organization specific risk management and dispute resolution models. For further information, please contact the Sask Sport Resource Line as follows:
    - Phone: 1-888-329-4009
    - Text: 1-306-717-9636
    - Email: **help@resourceline.ca**
    - You can also visit the **Sask Sport Resource Line Website**
- The SMSCS reserves the right to ask for an updated curriculum vitae/resume or copies of applicable educational credentials and certifications.

- All NEW Consultants are required to submit copies of applicable Educational Credentials & Certifications for the Discipline (s) you are applying in.
- The SMSCS strongly suggests that all Consultants be fully vaccinated (including any booster doses when eligible) against communicable diseases as recommended by the Ministry of Health and Chief Medical Officer.
- Consultants are not guaranteed a specific amount of work through SMSCS. Consultants are considered casual, and work is usually directed to them by the SMSCS at the request of the athlete or team. Consultants are encouraged to self promote.
- **If you are a New Applicant,** please provide the following information:
    - This Application Form
    - A Curriculum Vitae/resume
    - Copy of completed Canadian Centre for Ethics in Sport Courses
    - Copy of a current Criminal Record Check with Vulnerable Sector
    - Copy of current Respect in Sport course
- **If you are a Renewing Applicant** and would like to continue to be a consultant for the SMSCS please provide the following information:
    - This Application Form
    - Any documentation which has expired (ie. Respect in Sport, CCES courses)

☐I have read, understood and submitted the above required information for consideration to become a Consultant with the Sport Medicine and Science Council of Saskatchewan. If approved, I agree to abide by the SMSCS Safe Sport Policy Manual, the Universal Code of Conduct to Prevent and Address Maltreatment in Sport and the Consultant/Service Provider Policies and Procedures as outlined in the SMSCS Programs and Services Manual.

☐I understand that if I fail to comply with the above, I may be suspended or terminated as an SMSCS Consultant as outlined in the Consultant/Service Provider Discipline and Complaints Policy.

Signature of Applicant	Date of Application

Please submit all paperwork to:

Stacey Silzer, Coordinator of Safety and Professional Development

safetycoordinator@smscs.ca

Integrated Support Team & Services Consent Form

PREAMBLE

As a member of the **Sport Medicine & Science Council of Saskatchewan's** ("SMSCS") Integrated Support Team ("IST") and its Services, you have certain obligations that must be respected as a condition of exercising the functions related to your role in order to ensure that all the SMSCS training, education, competition and social environments are safe and respectful for everyone involved. This SMSCS IST and Services Consent form sets out the conditions that must be respected at all times by the SMSCS's IST and its Services when exercising their functions.

CONSENT

As a condition of being a member of SMSCS's IST and its Services, and by signing this Consent Form, I hereby agree as follows:

- That I will adhere and be subject to all of the policies in the SMSCS's Safe Sport Policy Manual, as amended from time to time, including, without limitation, the *Code of Conduct and Ethics*, the *Discipline and Complaints Policy* and *Appeal Policy*, **except to the extent that doing so prevents me from being able to provide effective and permitted treatment or would otherwise violate any professional obligations imposed by my professional order**;
- That I will adhere and be subject to the Universal Code of Conduct to Prevent and Address Maltreatment in Sport ("UCCMS"), as amended from time to time**, except to the extent that doing so prevents me from being able to provide effective and permitted treatment or would otherwise violate any professional obligations imposed by my professional order;**
- That I will be subject to the jurisdiction of any discipline panel, appeal panel, or tribunal of the Sport Dispute Resolution Centre of Canada (SDRCC) constituted to administer any of the polices in SMSCS's Safe Sport Policy Manual;
- That I will sign an Abuse-Free Sport Participant Consent Form if requested to do so by an Abuse-Free Sport Program Signatory;
- That this Consent Form shall remain in force and applicable for the duration of my involvement as an IST or Service Provider with the SMSCS; and
- That **this Consent Form replaces any consent form or Policy that I previously signed for the SMSCS**.

By signing this Consent Form, I acknowledge that, as of the date of signature, I am in good standing with my professional order and that I will immediately inform the SMSCS if my status changes.

Name (printed): _____

Date: _____

Signature: _____