COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Registration Department
Suite 400 -- 175 Western Parkway
Bedford, Nova Scotia
Canada B4B 0V1
Phone: (902) 422-5823 Toll-free: 1-877-282-7767
Fax: (902) 422-5035
www.cpsns.ns.ca

Postgraduate Training Licence Application Package

Clinical Traineeship

Contents

- Application process
- Required Documentation
- Application form
- Reference form
- Fee Schedule
- Credit Card Payment form
- MINC Consent form
- Credentials Verification Agreement form

The College recommends that you review the following policies:

- English Language Proficiency Policy
- Examinations Required for Registration in the Education Register
- Registration Document Expiry Policy
- *Medical Act of Nova Scotia*
- Medical Practitioners Regulations

DEAR APPLICANT:

Enclosed is an application package for a **Postgraduate Training Licence** with the College of Physicians and Surgeons of Nova Scotia (College). This application package is to be used by physicians who have been accepted at Dalhousie University to do a **clinical traineeship**. There may be situations where additional documentation may be required other than the documents that are listed in this package

If you currently hold a licence in Nova Scotia you do not need to complete this package.

- You are responsible for your application and for completing all requirements as set out in the documentation list. Please follow the documentation list closely, noting the length of time the application form, Certificates of Standing/Professional Conduct, reference forms and photographs are valid.

- Generally, it is recommended you apply approximately six weeks in advance of your starting date. However, if additional documentation (e.g. legal documents) is required the application process will take longer.

- Mail or courier your application, fee and supporting documents to the College.

- Generally, applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. Please note that May to July and November to January are peak periods at the College.

- Wait time between receipt of application by the College and initial assessment is usually three to five business days. Until this initial assessment is completed, the College is unable to respond to application inquiries.

- Confirmation of receipt of your application will be sent to you by e-mail. You will be provided with a username and password to access the College's **Application Documentation Status (ADS)** website. (Note: Be sure to advise the College if you change your e-mail address.) The ADS website will provide you with a contact person at the College, the current status of your application, the documentation that has been received to date and any documentation that is still outstanding. The ADS website will also provide you with the expiry date(s) for the application form, Certificates of Standing/Professional Conduct and reference forms. Generally the ADS website is updated on a daily basis and can be viewed by the application 24 hours a day.

- If you have not received an e-mail confirmation after two weeks from the submission of your application, contact the College at registration@cpsns.ns.ca.

- Do not begin a clinical traineeship in Nova Scotia until you have received confirmation from the College that a Postgraduate Training Licence has been issued for you.

- Generally, applications remaining incomplete or inactive for more than one year will be considered withdrawn.

Regards,

Registration Department

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REQUIRED DOCUMENTATION:

1. COMPLETED APPLICATION FORM

Complete and return the application form to the College. All questions in the Personal Information section must be answered. **A written explanation must be provided for all "yes" responses**. Applications must be witnessed and contact information provided for your witness. If your application is not completed in full or witnessed, it will be returned to you, which may delay the application process.

Your application is valid for six (6) months from the date of completion. If you have not obtained licensure within six months from the date of the original application, you will be required to update several sections of the application in a manner acceptable to the Registrar. There is no need to re-submit documents that you provided with your initial application unless you have been advised by the College that certain documents have expired (e.g. Certificate of Professional Conduct, references).

2. PHOTOGRAPH

You will need to obtain one (1) passport size photograph **taken within the last six (6) months**.

- Your signature must appear on the photograph, preferably on the front. If there is no room on the front, please sign the back of the photograph.
- Attach the photograph to your application form.

3. IDENTIFICATION

Provide one of the following **valid** photo identification:

- Passport
- Permanent Resident card
- Drivers licence

4. WORK AUTHORIZATION/CITIZENSHIP STATUS

If you are not a Canadian Citizen or Permanent Resident you are required to provide a valid work permit for Nova Scotia.

5. CURRICULUM VITAE

Your curriculum vitae (CV/resume) should be current and provide the following information:

- The name of your medical school, the country your medical school is located in, and the year of graduation

- A listing, in chronological order (month, year), of all your postgraduate training appointments including hospitals, disciplines, durations and level of training
- A listing, in chronological order (month, year), of all your professional appointments and type of practice including duration and location (please specify city/province/state/country)
- A listing of all your previous and current medical licenses (type and duration) in every jurisdiction since your graduation from medical school
- A listing of any additional examinations, e.g. Medical Council of Canada examinations, USMLE, CST, ECFMG

It is not necessary to include publications and awards on your curriculum vitae.

Any gaps longer than three (3) months in your history of training/practice must be clarified in a separate document.

6. ENGLISH LANGUAGE REQUIREMENT

Applicants must meet the English language requirement as outlined in the policy English Language Proficiency for Postgraduate Training Licences.

7. MEDICAL DEGREE

Provide an original or notarized copy of your medical degree.

For medical degrees issued from outside Canada, if your medical degree is not in English you must also provide an original official translation.

8. EXAMINATIONS

A copy of at least one of the following documents is required for your application. The documents are:

- Medical Council of Canada Evaluation Examination (MCCEE); or
- Medical Council of Canada Qualifying Examination – Part I (MCCQE Part 1); or
- Medical Council of Canada Qualifying Examination – Part II (LMCC); or
- United States Medical Licensing Examination (USMLE) – Steps I, II and III; or
- Federation Licensing Examination (FLEX); or
- National Board of Medical Examiners of the United States (NBME US); or
- Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

9. EVIDENCE OF PROFESSIONAL CONDUCT

You will need to make arrangements for a Certificate of Professional Conduct (CPC) from the regulatory authorities in whose jurisdiction you currently hold a licence or registration. Please note the following:

- A CPC from the regulatory where you are currently practising or training **must be dated within the immediate 45 days prior to a licence being granted in Nova Scotia (e.g. if you are starting training in Nova Scotia on July 1st, then the certificate should be dated within the 45 days prior to July 1)**
- A CPC must be received directly from the licensing authority issuing the certificate. Certificates presented by an applicant will not be accepted by this College.
- Most regulatory authorities charge a fee for this service.

- A copy of your licence or registration certificate where you are currently licensed is **not** evidence of your professional conduct and will **not** be accepted.

Note: Additional information may be requested at the discretion of the Registrar.

10. REFERENCE FORM

Do not arrange for a reference until we have reviewed your application package. We will determine who you need to contact for a reference and will then let you know through the Application Documentation Status (ADS) tracking system.

- **Upon notification from the College, complete and sign the applicant portion of the enclosed reference form and forward to the appropriate referee.**

- The referee is required to complete the form and forward it directly to the College. Fax, e-mail or regular mail will be accepted.

- Reference forms are to be dated **within the immediate three (3) months prior to a licence being granted in Nova Scotia.**

- Reference forms are to be submitted in English.

11. POSTGRADUATE TRAINING

Provide documented evidence of postgraduate training completed to date. This can be provided in the form of a completion of training certificate or written confirmation from the program director for your training program, indicating the scope of your training and the start/finish dates.

For documents not issued in English, you must also provide an original official notarized translation. See Translation of Documents.

12. FEE

The registration fee for a Postgraduate Training licence is a non-refundable fee. It covers one (1) academic year. Please refer to the College's fee schedule for the current fee.

Payment can be made by the following methods:

- Cheque or money order
- Credit card – only VISA and Master Card accepted (see enclosed form for payments made by credit card)

An administration fee will be charged for all cheques returned for non-processing. Replacement payments must be made by money order, certified cheque or cash and include the administration fee.

13. NOVA SCOTIA ADDRESS

You will need to provide a contact address in Nova Scotia for the period of time you will be in the province.

14. CONFIRMATION OF CLINICAL TRAINEESHIP

The College requires confirmation from Dalhousie University that you have been accepted to do a clinical traineeship.

15. MEDICAL IDENTIFICATION NUMBER FOR CANADA (MINC)

It is mandatory in Nova Scotia to have a MINC number. Please sign and date the enclosed Consent for Release of Information and return it to this office.

The following information will be released to MINC: name(s), gender, date of birth, country of birth and year and university of graduation (note: previous names if applicable and other identifiers if necessary to confirm identity may also be submitted). If you do not have a MINC number, one will be issued to you. If you already have a MINC number, the signed form will allow the College to obtain your MINC number directly from the MINC hub.

A more complete description of MINC#NIMC can be obtained on its website (http://www.minc-nimc.ca).

16. VERIFICATION OF CREDENTIALS

You are required to have certain documents source verified in the Medical Council of Canada (MCC) Physician Credentials Repository through **physiciansapply.ca.**

Please ensure you update the document sharing section in your account with physiciansapply.ca to enable our College to view your documents. This will enable you and the College to monitor online the progress of document verification. **It is important that you share your documents and information with the College of Physicians and Surgeons of Nova Scotia.**

You are required to submit copies of the following documents to **physiciansapply.ca** for source verification:

- medical school diploma
- medical school transcript
- completed postgraduate training certificates
- specialty certificates

You are also required to sign a waiver with the College for the purpose of enabling the College to issue a licence in advance of receipt of a report from physiciansapply.ca, confirming that your documents have been source verified.

17. PROFESSIONAL MEDICAL LIABILITY COVERAGE

Under the College's Medical Practitioners Regulations it is a requirement for physicians to carry medical liability coverage, malpractice insurance or other form of indemnity in the manner and amount required by the Registrar. The current recommendation for coverage is no less than $10,000,000.00. Complete the enclosed form and forward it directly to the College.

Information on medical liability coverage can be obtained directly from the Canadian Medical Protective Association (CMPA) or other private insurer.

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Attach Photo Here

Please sign front of photo

CLINCAL TRAINEESHIP APPLICATION FORM

This form cannot be completed or submitted electronically.
Please ensure all information provided is legible.

Section 1: General Information

1.1 Name _____
Surname First Name Middle Name(s)

1.2 Previous Name(s) _____
(if different from above) Surname First Name Middle Name(s)

1.3 Office Address: _____

1.4 Home Address: _____

1.5 Office phone: _____
1.6 Home phone: _____
1.7 Office fax: _____
1.8 Home fax: _____

1.9 Address preferred for receipt of College correspondence (check one)

- ❑ Office address
- ❑ Home address

1.10 E-mail Address _____@_____

1.11 Gender ____Female ____Male

1.12 Date of birth (eg. 31/12/1954)_____/_____/_____
DD MM YYYY

1.13 Country of birth _____

1.14 Eligibility to work in Nova Scotia:

- ❑ Canadian Citizen
- ❑ Permanent Resident
- ❑ Work Permit

1.15 If you are fluent in any language(s) other than English **to practise medicine** please specify:

_____

Section 2: Scope of Practice

2.1 Primary Scope of Practice (eg. Family Medicine, Emergency Medicine, General Surgery):

_____

2.2 Are you applying for specialty recognition?

- ❑ No
- ❑ Yes Specialty(s): _____

If you hold more than one specialty please indicate which one is your primary specialty

Section 3: Medical Education

3.1 Degree_____ **3.2** Year received _____

3.3 Granting institution _____

3.4 Country of institution _____

Section 4: Postgraduate Training (Internships, Residencies)

Beginning with the most recent, indicate type (rotating, specialty, etc.) with dates and institutions:

Position Held	Discipline	Institution	Country	Dates (mm/yy - mm/yy)

Section 5: Additional Degrees, Diplomas, Certificates or Fellowships

Title of designation	Conferring university, college or board	Year

Section 6: Medical Council of Canada

6.1 Medical Council of Canada Evaluating Examination (MCCEE) ____ Year

6.2 Medical Council of Canada Qualifying Examination – Part I ____ Year

6.3 Medical Council of Canada Qualifying Examination – Part II ____ Year #__

6.4 LMCC (written before 1993) _____ Year #_____

6.4 Medical Council of Canada NAC Examination _____
Year

6.5 Other (e.g., USMLE [all 3 steps], ECFMG, FLEX):

_____ _____ #_____
Specify Year

Section 7: Registration/Licensing History

List in chronological order **every** jurisdiction in which you have been licensed, including educational licensure.

Licensing Authority/Country	Registration #	Scope of Practice	Dates (mm/yy - mm/yy)

Section 8: Practice Experience

Provide a brief resume of places, dates, and type of practice (e.g., Family or Specialty Practice, Admin, Teaching)

Type of Practice	Location	Dates (mm/yy - mm/yy)

Section 9: References

The College will be in contact with you regarding reference letters once your application file has been received and reviewed. **Please do not make arrangements for reference letters until you have been advised by the College.**

Section 10: Personal Information

Licensure and Registration

10.1	Have you ever applied for medical licensure, certificate of registration or permit to practice and had such application rejected?	**YES**	**NO**
10.2	Have you ever withdrawn an application for medical licensure or registration voluntarily or otherwise?	**YES**	**NO**
10.3	Are you currently the subject of any complaint, investigation or other proceeding in relation to your conduct, competence, character, capacity or fitness to practise by a regulatory body or by any entity?	**YES**	**NO**
10.4	Regardless of the outcome, have you ever been the subject of a review of your conduct, competence, character, capacity or fitness to practise whether arising from a complaint or otherwise?	**YES**	**NO**

10.5	Have you ever, in expectation or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your medical licence, certificate of registration or permit to practice or to refrain from practice?	**YES**	**NO**
10.6	Have you ever pleaded guilty to or been found guilty of professional misconduct, conduct unbecoming or found to be incompetent or incapacitated?	**YES**	**NO**
10.7	Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of medicine or your professional activities?	**YES**	**NO**
10.8	Is there now, or are you aware of any pending civil proceedings, legal actions, insurance or other claims that are in any way related to your practice of medicine or your professional activities?	**YES**	**NO**
10.9	Has a court ever made a finding against you in respect of a civil proceeding, legal action or claim that was in any related to your practice of medicine or your professional activities?	**YES**	**NO**
10.10	Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice?	**YES**	**NO**
10.11	Have you been absent from practice for three continuous months or longer for any reason, including for the purpose of immigration?	**YES**	**NO**

Health and Fitness to Practice

10.12	Have you ever or do you presently suffer from any condition that may limit your ability to practice or constitute a risk to patients?	**YES**	**NO**
10.13	Do you have a blood-borne communicable disease or condition which, by its nature, could place your patients at risk if there were an inadvertent exposure?	**YES**	**NO**
10.14	Have you ever taken a **medical** leave of absence of any duration from a medical school, a postgraduate medical training program or any professional position or employment?	**YES**	**NO**
10.15	Have you ever been advised by a treating physician to restrict your practice of medicine?	**YES**	**NO**
10.16	Have you ever ceased or interrupted your medical practice for any reason for three months or longer?	**YES**	**NO**
10.17	Have you ever or are you now abusing, dependent on, or addicted to alcohol or a drug?	**YES**	**NO**
10.18	Have you ever or are you now being treated for abuse of, dependence on, or addiction to alcohol or a drug?	**YES**	**NO**

Criminal or Other Offences

10.19	Have you ever been charged with, pleaded guilty to, been convicted of or found guilty of, any offence? (Excluding parking, speeding, or similar minor motor vehicle offences.)	**YES**	**NO**
10.20	Have you ever pleaded no contest or made any similar plea to any charge?	**YES**	**NO**
10.21	Are there any charges now pending against you for any offence?	**YES**	**NO**
10.22	Have you ever entered into a diversion program or other resolution process as an alternative to conviction or prosecution for an offence?	**YES**	**NO**

Privileges and Professional Employment

10.23 Have you ever been denied privileges in a hospital or other health facility? **YES** **NO**

10.24 Have you ever voluntarily relinquished or changed your privileges or resigned from a hospital or other health facility, either during or subsequent to an inquiry, investigation or review that was in any way related to your professional conduct, competence, character, capacity, fitness to practise or any other aspect of your medical practice? **YES** **NO**

10.25 Have you ever resigned from a hospital or other health facility while disciplinary action was pending? **YES** **NO**

10.26 Have you ever withdrawn an application for privileges at a hospital, regional health authority or other health facility? **YES** **NO**

10.27 Have you ever had your privileges suspended, reduced or changed by a hospital or other health facility for cause other than medical records? **YES** **NO**

10.28 Are you now or have you ever been the subject of any type of investigation, inquiry, review or action by a hospital, health facility, or any other place of employment relating to your conduct, competence, character, capacity, fitness to practise or any aspect of your medical practice? **YES** **NO**

Undergraduate Medical Education

10.29 Have you ever withdrawn from, or been expelled, suspended, or put on probation or remediation by a medical school? **YES** **NO**

10.30 Have you ever been the subject of any type of investigation, inquiry or proceeding by any educational institution including medical school relating to academic misconduct or relating to any issue respecting your conduct, competence, character, capacity or fitness to practise? **YES** **NO**

10.31 Have you ever taken a leave of absence from or otherwise interrupted your undergraduate medical education for six (6) months or longer? **YES** **NO**

10.32 Have you ever transferred from one undergraduate medical education program to another? **YES** **NO**

Postgraduate Training

10.33 Have you ever been dismissed, removed, suspended or put on probation or remediation during a postgraduate medical training program? **YES** **NO**

10.34 Have you ever taken a leave of absence from or otherwise interrupted a postgraduate medical training program of three months or longer? **YES** **NO**

10.35 Have you ever transferred from one postgraduate training program to another without having fully completed the first program? **YES** **NO**

10.36 Have you ever withdrawn or resigned from a postgraduate medical training program? **YES** **NO**

10.37 Have you ever been investigated or sanctioned by any academic, research or regulatory body for misconduct of any type or for any violation of academic policy? **YES** **NO**

Miscellaneous

10.38 Have you ever been restricted in your prescription of opiates or other controlled drugs? **YES** **NO**

10.39 Have you ever been or are you being investigated by a billing agency? **YES** **NO**

10.40 Have you ever been denied professional liability protection or insurance? **YES** **NO**

10.41 Are you now subject to any contract, agreement, undertaking or obligation with any medical licensing authority, health facility or other regulatory or governmental body that might be be relevant to your application for a licence to practise medicine in the province of Nova Scotia? **YES** **NO**

10.42 Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your conduct, competence, character, capacity or fitness to practise that might be relevant to your application for registration/licensure to practice medicine in the province of Nova Scotia? **YES** **NO**

If you have answered "Yes" to any of the questions in this section, please explain with an attached letter.

Section 11: Compliance with Policies and Guidelines

I agree to review and comply with College policies and guidelines for physicians, as indicated below. Note that the College's investigations committees routinely refer to these guidelines and policies when investigating complaints about physicians.

Policies reflect the position of the College of Physicians and Surgeons of Nova Scotia. Physicians licensed with the College are expected to be familiar with and to comply with College policies.

Guidelines contain recommendations endorsed by the College of Physicians and Surgeons of Nova Scotia. The College encourages its members to be familiar with and to follow these guidelines whenever possible and appropriate. Note that guidelines may contain references to College policies.

Physician policies and guidelines are available on the College website at: www.cpsns.ns.ca/PhysicianGuidelinesandPolicies.aspx

I further agree to review and comply with new and revised policies and guidelines as they are released (notification to members is provided by e-mail).

I agree to review and practice medicine in accordance with the Canadian Medical Association *Code of Ethics,* which has been endorsed by the College. Note that the College's investigations committees routinely refer to the Canadian Medical Association *Code of Ethics* when investigating complaints about physicians. The *Code of Ethics* is available on the CMA website at http://www.cma.ca/code-of-ethics.

In accordance with the College's *Regulations for Registration*, I agree to practice medicine only within the scope of practice in which I have received education and training and in which I am currently competent to practice. The *Regulations for Registration* are available on the College website at: http://www.cpsns.ns.ca/Portals/0/Registration%20Policies/regpolicy-regulations-for-registration.pdf

_____ _____

Signature of Applicant Date

Section 12: Applicant Authorization and Declaration

In submitting this licensing application, I understand that it is my responsibility to be familiar with and abide by the provisions of the College's policies and guidelines, available here.

I confirm that I will immediately report to the College should anything occur while licensed that would alter my responses to any of the questions contained in this application.

I accept the College's Privacy Policy and agree to the College's use and disclosure of my personal information for the purposes set out in Part 2 of that Policy.

I understand that my responsibilities include a duty to provide my patients with reasonable access to their medical chart should I, for any reason, be absent from or leave my practice.

I confirm that I will immediately report to the College should anything occur while licensed that would alter my responses to any of the questions contained in this application.

I accept that any information provided by me to the College may be used by the College for any regulatory purpose or shared by the College with stakeholders, including but not limited to Dalhousie University, the Nova Scotia Health Authority, the IWK, the Medical Council of Canada or other medical regulatory authorities, as needed.

I understand that the College may seek to verify any of the information related to this application, and in so doing may seek information from other medical regulatory authorities or other institutions or persons. I hereby consent to the College doing so.

I declare that the information provided in this application for licensure is true and accurate, to the best of my knowledge. I make this declaration knowing that the provision of false information in the application, whether false by commission or omission, may be considered professional misconduct and may result in the revocation of any licence that has been issued to me.

DECLARATION
(please print)

I, _____
Full Name

of_____, _____
City/Town Province/State & Country

hereby declare the following:

1. I am the person making application for registration/licensure to practise medicine in the Province of Nova Scotia.

2. The photograph attached to the first page of the application is an unaltered photograph of me taken within the last six (6) months before the application was made.

3. I have read, understood and signed the application to which this declaration is attached.

4. The answers I have given to the questions in the application to which this declaration is attached are true, complete and without intent to mislead.

5. I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and virtue of the *Canada Evidence Act*.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

Print Name, Address, Phone/Fax, E-mail of witness:

_____

_____

_____

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Reference Request Form

Applicant: Please complete this section before submitting the form to your referee (please print).

Full Name of Applicant: _____
Surname Given name(s)

Location: _____
City/Province/Country

Discipline/Specialty: _____ CPSNS Reg # _____

About This Form: The person named above has applied for registration with the College of Physicians and Surgeons of Nova Scotia (College). The information you provide should be based on the applicant's demonstrated performance compared to that reasonably expected of a physician with similar levels of training and experience as the applicant. ***The content of this form is confidential, for use by the regulator as part of the information submitted in support of the candidate's application, and will not be shared with the applicant or any other parties.*** Your early response to the questions outlined below will ensure prompt consideration of the applicant's application.

Referee Information:

1. Are you related to the applicant? Yes ◆ No ◆
2. If "yes" in what manner? _____
3. How well do you know this physician? (Mark one)

   Not at All ◆ Not Well ◆ Somewhat ◆ Well ◆ Very Well ◆
4. Please indicate which **one** of the following best describes **your role** when you knew this applicant and provide the required information.

   a. Postgraduate training programme director: ◆
      i. Institution _____
      ii. City, country _____
      iii. Duration applicant trained under you _____

   b. Postgraduate training supervisor or preceptor: ◆
      i. Institution _____
      ii. City, country _____
      iii. Duration applicant trained under you _____

   c. Chief of Service: ◆
      i. Institution _____
      ii. City, country _____
      iii. Dates applicant known to you : From: _____ To: _____
      MM/YYYY MM/YYYY

d. Chief of Staff or Medical Director: ☐
   i. Institution _____
   ii. City, country_____
   iii. Dates applicant know to you : From:_____To: _____
   MM/YYYY MM/YYYY

e. Clinical Colleague: ☐
   i. Indicate which of the following apply to your working relationship with the applicant:
      1. A consultant to whom the applicant frequently referred patients ☐
      2. A colleague in a clinic where the applicant practiced ☐
      3. A colleague with whom the applicant shared on call responsibility ☐
   ii. City, country_____
   iii. Duration of working relationship with the applicant: From:_____To: _____
   MM/YYYY MM/YYYY

f. Other: ☐
   i. Please describe your role when you knew this applicant:
      _____
      _____
   ii. City, country_____
   iii. Duration of working relationship with the applicant: From:_____To: _____
   MM/YYYY MM/YYYY

Candidate Information:

5. **Clinical Practice**: Please provide your opinion of the applicant, within the range of services they provided and in comparison to their peers, with respect to the following:

	Among the worst	Bottom Half	Average	Top Half	Among the Best	Unable to Assess
Communicates effectively with patients and families						
Establishes respectful relationships with nursing and other healthcare professional staff						
Establishes respectful relationships with physician colleagues						
Demonstrates appropriate clinical knowledge and competence						
Makes the correct diagnosis in a timely fashion						
Demonstrates appropriate judgment						
Performs technical procedures skilfully						
Creates medical record and patient related documentation that is accurate, organized, and completed in a timely manner						

Please provide any comment or explanation regarding your answers:

_____
_____
_____
_____

6. **Professional Ethics:** Do you consider the applicant to be:

	Yes	No	Insufficient knowledge of candidate to answer
Reliable			
Ethical			
Of good character			

Please provide explanations of any "No" answers, above:-

_____

_____

_____

_____

_____

7. **Professional Conduct:**

a. To your knowledge, has the applicant ever engaged in:

	Yes	No
Fraud or dishonesty		
Unprofessional conduct		
Excessive use of alcohol or other mood altering substances?		

Please provide explanations of any "yes" answers, above:-

_____

_____

_____

_____

_____

b. To your knowledge, has the applicant ever experienced any of the following:

	Yes	No
Failure of any part of training		
Discipline by hospital or training programme		
Loss of privileges or staff appointment		
Discipline by licensing authority		

If "yes" please provide an explanation:

_____

_____

_____

_____

_____

8. **Additional Information:**

a. Would you refer your patients or family members to this applicant? Yes ☐ No ☐

If "no" please provide an explanation.

b. Please provide any other comments or information you feel important to include.

c. In completing this reference form, all referees agree to discuss the contents of this form and/or provide further details if required, by telephone with the Registrar or designate. You must provide the phone number and best time to contact you:

Phone number(s):_____ or _____
Best days of the week and time to call: _____

Referee: Please complete this section before forwarding the form to the CPSNS (please print).

Full Name of Referee: _____
Surname Given name(s)

Address: _____
Full mailing address

Discipline/Specialty: _____

E-mail:_____ Telephone #: (_____)

Date form completed: _____

Please return the completed form directly to the College of Physicians & Surgeons of Nova Scotia by fax: (902) 422-5035 or by e-mail: registration@cpsns.ns.ca.

COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

CREDENTIALS SOURCE VERIFICATION AGREEMENT

I, Dr._____, an applicant for registration with the College of Physicians & Surgeons of Nova Scotia (College) understand that as part of the registration process in Nova Scotia I am required to have various documents source verified in the Medical Council of Canada (MCC) Physician Credentials Repository, through physiciansapply.ca.

Prior to registration being granted:

(a) I will register an account in physiciansapply.ca and submit a request to have my documents source verified;
(b) I will share my credentials file with the College in physiciansapply.ca to enable them to view the documents I have submitted and to follow the status of the source verification process;
(c) I am signing this agreement for the purpose of enabling the College to issue my licence in advance of receipt of a final source verification report in physiciansapply.ca.

I, therefore, request that the College issue a licence once the College is able to view my submitted documents via the physiciansapply.ca portal and I have met all other requirements for licensure in Nova Scotia.

I understand that if my credentials cannot be verified to the satisfaction of the College, my registration with the College will be immediately revoked.

I am aware that I have the right to seek legal advice with respect to this agreement.

Signed by me in the City of_____, in the Province of_____,

this_____day of_____, 20_____.

_____ _____
Signature of Witness Signature of Applicant

_____ _____
Print Name of Witness Print Name of Applicant

COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

Registration Department
Suite 400-175 Western Parkway
Bedford, Nova Scotia
Canada B4B 0V1
Phone: (902) 422-5823 Toll –free: 1-877-282-7767
Fax: (902) 422-5035
Email: registration@cpsns.ns.ca
www.cpsns.ns.ca

Credit Card Payment Form

To pay by VISA, MasterCard or VISA Debit complete and forward the following information to the College of Physicians and Surgeons of Nova Scotia.

☐ VISA
☐ VISA DEBIT
☐ MASTERCARD

Card Number:_____Expiry

Date (MM/YY): _____

CVV (3 digit code on back of card) : _____

Reason for Payment: Postgraduate Training Licence

Payment Amount: $_____

Cardholder's name as it appears on the card:_____
(Please Print)

Cardholder's signature: _____

This Credit Card Payment Form will be destroyed immediately following processing.

FOR OFFICE USE ONLY:

☐ Physician ☐ Other

Received by:_____Date:_____For: _____

Processed by:_____Date:_____

Receipt issued by: _____ Date: _____ Receipt #_____

Breakdown of fees:	Amount	Code
	_____	_____
	_____	_____
	_____	_____