

## Postgraduate Training Licence PGY 1

Dear applicant,

Congratulations on matching to a training program with Dalhousie University!

Enclosed is the application and checklist for a Postgraduate Training licence with the College of Physicians and Surgeons of Nova Scotia (the College) and is designed for physicians who have matched to a training program with Dalhousie University.

Please **do not** wait until you receive your medical degree to submit the application.

Please review the attached documentation list carefully. Be sure to include the attached documentation checklist along with your completed application package. Mark an ☒ in each checkbox once you enclose the item. A **checkbox** denotes attachments **you are required to provide** with the completed application form. If there is **no checkbox**, the document will be **requested by the College**.

Confirmation of receipt of your application will be sent to you by e-mail. If you do not receive an email confirmation **after two weeks** from the submission of your application, please contact the College at [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca).

You will be provided with a username and password to access the College's Application Documentation Status (ADS) website. The ADS website will provide you with:

- a contact at the College; and
- the current status of your application; and
- the documentation that has been received to date; and
- any documentation that is still outstanding; and
- documentation expiry dates.

The ADS website is typically updated within 2-3 business days.

Incomplete applications **will** result in a delay in obtaining a Postgraduate Training licence. You must provide the College with a completed application form no later than **May 15<sup>th</sup>** to allow enough time for processing by the Registration Department. You **must obtain** confirmation of your licence from the College **prior** to commencing your training in Nova Scotia.

**Please note:** If you are a Dalhousie University Medical School trainee based in New Brunswick or Prince Edward Island but will be doing rotations in Nova Scotia at any time during the academic year, **you must register** with the Nova Scotia College prior to commencing any training in Nova Scotia.

Regards,

Registration Department

**Please note:**

- We recommend completing this application on a desktop computer. Completing it on a tablet or cell phone may not allow you to complete the form accurately or completely.
- If you have a "Yes" response to any questions, you may be required to submit a separate document for information.
- Please ensure you have the correct version of Adobe. Click [here](#) to download

Please email the completed application to [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca)

FORMS		
1		<b>Postgraduate training application form.</b> To be completed by you the principle applicant.
2		<b>Credentials Source Verification Form</b>
3		<b>MINC Consent Form</b> It is mandatory in Nova Scotia to have a MINC number. All applicants must sign and date the enclosed Consent for Release of Information form. A complete description of MINC can be obtained on its website: <a href="http://www.minc-nimc.ca">http://www.minc-nimc.ca</a>
4		<b>Declaration of Gaps in Training or Practice Form*</b> *Please complete if you have any gaps in training or practice longer than one month in your history of training/practice. If you do not have any gaps in training or practice, please write no gaps in training followed by your initials.
5		<b>Fee Payment</b> You will be invoiced for the licensing fee upon receipt of your application.
PHOTOS		
6		1 passport size photo.
PHOTOCOPIES OF IDENTITY		
Do not send original documents of the following as they will not be returned.		
7		Please <b>provide a copy of one</b> of the following (the copy <b>will not</b> be accepted if it is expired): Passport Permanent Resident Card Driver's licence
8		<b>Medical Degree/Diploma *</b> A copy of your Canadian Medical Degree and any Medical Degrees issued from outside of Canada, must be provided with your application. Medical Degrees issued from outside of Canada require verification through <a href="http://physiciansapply.ca">physiciansapply.ca</a> . If your medical degree is not In English, you must also submit an original official translation for verification. *If this is not available at the time of application, please provide the College with a copy as soon as it becomes available.
9		<b>Medical Council of Canada Examinations*</b> Please allow the College access to your <a href="http://physiciansapply.ca">physiciansapply.ca</a> documents to confirm your Medical Council of Canada exams. *If this is not available at the time of application, please provide the College with access as soon they become available.
SUPPORTING DOCUMENTATION		
10		<b>Curriculum Vitae</b> Your Curriculum Vitae must include, at a minimum: <ul style="list-style-type: none"> <li>• Undergraduate medical education information and date of graduation</li> <li>• A list, in chronological order (month/year) of all your postgraduate training appointments including, durations and level of training in each jurisdiction since graduation.</li> <li>• A list, in chronological order (month/year) of all your professional appointment and type of practice including names of hospitals and/or clinics, discipline, duration and location (please specify the city, province/state, country)</li> <li>• A list of all your previous and current medical licenses including type, duration, licence number and jurisdiction.</li> <li>• A list of specialist and other postgraduate examinations and qualifications. E.g. Medical Council of Canada examinations, USMLE, CST, ECFMG etc.</li> </ul>

		Any gaps longer than three months in your history of training/practice must be clarified in the declaration of gaps in training form.
11		<b>Evidence of Postgraduate Training</b> Please provide documented evidence of postgraduate training completed to date. The document must be in *English and indicate the scope of practice and the start/end dates. The document must be submitted to physiciansapply.ca for source verification. *For documents not issued in English, you must also submit the original notarized translation to physiciansapply.ca for verification. This can be provided by a completion of training certificate, or written confirmation from the program director for your training program.
12		<b>English Language Proficiency testing.*</b> *Applicable only to those who do not meet the English language requirement as outlined in the CPSNS Policy - <a href="#">English Language Proficiency for Postgraduate Training Licence</a>
<b>THIRD PARTY DOCUMENTATION</b> You must arrange for the following documents below to be <u>sent directly to the College by third party organizations</u> . Source documentation sent by you <b>will be</b> rejected.		
13		<b>Certificate of Professional Conduct</b> If you have a medical degree and completed postgraduate training or practised medicine in a country outside of Canada <u>prior</u> to applying for your Nova Scotia licence, the College requires a Certificate of Professional Conduct from all regulatory authorities in whose jurisdiction you hold or have ever held any type of licence or registration in the previous 10 years. This does not include any Medical Student Electives. A Certificate of Professional Conduct must be dated within the immediate <b>90 days prior</b> to a licence being granted in Nova Scotia (e.g if you require your Nova Scotia licence by July 1 <sup>st</sup> then the certificate should not be requested any earlier than April 1 <sup>st</sup> ). Please note: Most regulatory authorities charge a fee for Certificates of Professional Conduct.
14		<b>Confirmation of training program from Dalhousie University</b> The Dalhousie Postgraduate Medical Education office will provide the College with confirmation of your upcoming training.



**Postgraduate Training Licence  
PGY1**

**1. Personal Information**

Please complete and return this fillable application form to the College by email. Acrobat Reader is required. This is available as a free download from the Adobe website. Please **provide your signature** on all the required documents **before emailing** to the College. The College will accept e-signatures. This application may also be mailed, faxed or couriered to College.

Please ensure there are no missing pages and all documents are source verified through [physiciansapply.ca](http://physiciansapply.ca).

Application forms are **valid for six months** from the date of completion.

- a) \_\_\_\_\_  
Last Name First Name Middle Name(s)
- b) \_\_\_\_\_  
Name (if different on medical degree).  
**Please provide evidence to support name change. Any discrepancy in how you name appears on the valid ID documents submitted with this application must be explained.**
- c) Gender: Male Female
- d) Date of birth: \_\_\_\_\_ e) Country of birth: \_\_\_\_\_  
YYYY/MM/DD
- f) Are you a Canadian Citizen? Yes No
- g) Are you a Permanent Resident (Landed Immigrant)? Yes No N/A
- h) Do you hold a Work Permit? Yes No N/A

## 2. Contact Information

a) Current Mailing Address: \_\_\_\_\_  
Street Address Apt/Suite #

\_\_\_\_\_  
City/Town Province/State Postal Code

b) Nova Scotia Mailing Address (if known and different from current). **You will need to provide a contact address in Nova Scotia for the period you will be in the province.**

\_\_\_\_\_  
Street Address Apt/Suite #

\_\_\_\_\_  
City/Town Province/State Postal Code

Date Effective: \_\_\_\_\_  
YYYY/MM/DD

c) Email address: \_\_\_\_\_  
**As part of your application process, you may receive information pertaining to your application that is timely and confidential. It is therefore your responsibility to ensure that your email address is up-to-date and secure.**

d) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(XXX) XXX – XXXX (XXX) XXX – XXXX (XXX) XXX – XXXX

## 3. Credentials

You will be asked to sign a Credentials Source Verification Agreement Form for the purpose of enabling the College to issue you a licence in advance of receipt of a final source verification report in [physiciansapply.ca](http://physiciansapply.ca).

Confirmation of your medical degree can be provided through **sharing** your profile on [physiciansapply.ca](http://physiciansapply.ca). Please select 'share' with the College of Physicians and Surgeons of Nova Scotia.

a) Medical Degree: \_\_\_\_\_

b) Province: \_\_\_\_\_

c) Granting Institution: \_\_\_\_\_

d) Date Granted/Date Expected to be Granted: \_\_\_\_\_  
YYYY/MM/DD

e) Period you were enrolled at this University or School of Medicine:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

f) Before you graduated from the University or School of Medicine named above, did you attend any other University or School of Medicine?

Yes No

If "Yes", please specify:

Name of University or School of Medicine	Location	Language of Instruction	Dates (YYYY-MM) to (YYYY-MM)	

g) Applicants must meet the English language requirement as outlined in the policy [English Language Proficiency for Postgraduate Training Licence](#).

Language Proficiency: English French Other: \_\_\_\_\_  
(Check all that apply) Please specify

h) Language of instruction and/or language primarily used in patient care during the clinical parts of your education at the University or School of Medicine granting your Medical Degree:

English French Other: \_\_\_\_\_  
Please specify

#### 4. Medical Council of Canada Examinations

Please provide the College access to at least one of the following documents with your application. Please refer to the College Registration Policy - [Examinations Required for Registration on the Education Register](#).

a) Graduates of Canadian medical schools are required to have attained a pass in the MCCQE Part I.

Please indicate either 'Pending, Complete or Incomplete' in the Status Section.

MCCEE	Status: Pass, Pending, Fail	Examination Date: (YYYY/MM/DD)	Number of Attempts
MCCQE Part 1	Status: Pass, Pending, Fail	Examination Date: (YYYY/MM/DD)	Number of Attempts
MCCQE Part II (LMCC)	Status: Pass, Pending, Fail	Examination Date: (YYYY/MM/DD)	Number of Attempts

b) Successful completion of one of the following is required for graduates of non-Canadian medical schools.

United States Medical Licensing Exam (USMLE) Steps 1, 2, & 3	Examination Date Step 1: (YYYY/MM/DD) Examination Date Step 2: _____ (YYYY/MM/DD) Examination Date Step 3: (YYYY/MM/DD)
Federation Licensing Examination (FLEX) Components 1 and 2	Examination Date: (YYYY/MM/DD)
National Board of Medical Examiners (NBME) Parts I, II, & III	Examination Date: (YYYY/MM/DD)
The Comprehensive Osteopathic Licensing Examination (COMLEX-USA) Levels 1, 2, and 3. (This applies only to graduates of osteopathic schools accredited by the American Osteopathic Association).	Examination Date Step 1: (YYYY/MM/DD) Examination Date Step 2: (YYYY/MM/DD) Examination Date Step 3: (YYYY/MM/DD)

#### 5. Postgraduate Training

Please 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. The document must indicate the scope of practice and the start/end dates.

a) Current Year of Postgraduate Training:

b) Program Information:

Program/University/Country

[illegible]





## 7. Capacity, Competence and Character

Each question must be answered carefully and honestly. Any errors, discrepancies or omissions in your answers, no matter how minor, will delay your application and may require review by the College's Registration Committee.

For any "yes" response, you must provide a detailed explanation accompanied with supporting documentation. Without this information the College cannot proceed with your application. Following receipt of this information you may be asked for further explanation or documentation.

Please answer the following questions. If "yes", please provide detailed explanation.

- |     |  |          |
|-----|--|----------|
| 7.1 | Have you ever had an application for medical licence, certificate of registration, or permit to practice: <ul style="list-style-type: none"><li>• rejected; or</li><li>• refused; or</li><li>• denied?</li></ul> If Yes, provide additional information:   | YES   NO |
| 7.2 | Have you ever had a medical licence, certificate of registration, or permit to practice: <ul style="list-style-type: none"><li>• revoked; or</li><li>• suspended; or</li><li>• restricted in any way?</li></ul> If Yes, provide additional information:  | YES   NO |
| 7.3 | Are you presently or have you ever been subject to: <ul style="list-style-type: none"><li>• an allegation; or</li><li>• complaint; or</li><li>• request for investigation for any reason whatsoever by a medical licensing or regulatory authority?</li></ul> If Yes, provide additional information:                  | YES   NO |
| 7.4 | Are you aware of any inquiry likely to be made by a medical licensing or regulatory authority, or otherwise: <ul style="list-style-type: none"><li>• with respect to your conduct; or</li><li>• competence; or</li><li>• capacity; or</li><li>• fitness to practice?</li></ul> If Yes, provide additional information: | YES   NO |

7.5	<p>Have you ever been:</p> <ul style="list-style-type: none"> <li>• charged with; or</li> <li>• convicted; or</li> <li>• found guilty of; or</li> <li>• pleaded guilty to; or</li> <li>• pleaded no contest to; or</li> <li>• filed any similar plea for a criminal offense?</li> </ul> <p>If Yes, provide additional information:</p>	YES	NO
7.6	<p>During your undergraduate medical education, have you ever:</p> <ul style="list-style-type: none"> <li>• withdrawn; or</li> <li>• been expelled; or</li> <li>• been suspended; or</li> <li>• been put on probation; or</li> <li>• required remediation by a medical school or educational institution for any reason; or</li> <li>• resigned in lieu of an inquiry?</li> </ul> <p>If Yes, provide additional Information:</p>	YES	NO
7.7	<p>During any of your internship, residency, fellowship, postgraduate training, educational or other institutional training, have you ever been:</p> <ul style="list-style-type: none"> <li>• investigated; or</li> <li>• suspended; or</li> <li>• removed, dismissed, expelled, prematurely terminated from the program; or</li> <li>• put on probation; or</li> <li>• put on remediation; or</li> <li>• withdrawn from your program; or</li> <li>• been subject to revocation of your training program; or</li> <li>• withdrawn or resigned from any of your postgraduate medical training?</li> </ul> <p>If Yes, provide additional information:</p>	YES	NO
7.8	<p>Have you been harmfully involved with drugs or alcohol or received treatment relating to your use of drugs or alcohol?</p> <p>If Yes, provide additional information:</p>	YES	NO
7.9	<p>Apart from routine illness, at any time during your undergraduate or postgraduate training, did you have any health condition that could have limited your ability to practice/train in medicine competently and safely? If Yes, provide additional information:</p>	YES	NO
8.0	<p>Have you taken a leave of absence from your training program of one month or longer?</p> <p>If Yes, provide additional information:</p>	YES	NO

- 8.1      Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct, competence or capacity that might be an impediment to your application for a certificate of registration to practise medicine in the province of Nova Scotia?      YES      NO  
If Yes, provide additional information:

## 8. Application Authorization and Declaration

In submitting this 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 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 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, or other medical regulatory authorities, as needed.

I understand that the College may seek to verify and obtain any information related to this application and ongoing licensure, and in so doing may seek information from other medical regulatory authorities, Medical Council of Canada, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or other institutions or persons. I hereby consent to the College doing so.

**I declare that the information provided in this application for licence renewal 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.**

**You must click the button to declare.**

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent for Release of Information

### What You Need to Know about MINC Numbers

A medical identification number system has been developed with the goal of providing a reliable means of identifying every individual in the Canadian medical education and practice systems.

A not-for-profit corporation (whose legal name is noted above), known as "MINC#NIMC", has been incorporated by the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC) for the sole purpose of administering the MINC number system.

A MINC number will be issued to all individuals (who consent in writing) at the time of their initial, even temporary, entry to any aspect of the Canadian medical education or practice systems, including undergraduate students, postgraduate trainees, applicants to the MCC examinations, and physicians of any registration status.

Once assigned, an individual's MINC number will remain unchanged throughout his/her entire medical career. Assigned numbers will never be reused, even after the death of the individual. Individuals will carry the same MINC number, even if they leave Canada and return, move between jurisdictions or change registration status. No information is encoded in an individual's MINC number, other than a country code (CA for Canada) and a profession code (MD for Medicine). The MINC number does not imply any special privilege, rights or status; it is simply a series of letters and numbers for identification purposes.

Upon the consent of an individual, the MCC or a provincial/territorial medical regulatory authority will submit personal information to MINC#NIMC as follows: 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), collectively referred to as the Core Information.

MINC#NIMC will use Core Information to either generate or confirm a MINC number for individuals and will retain the Core Information and its associated MINC number in its system for the

purposes of uniquely identifying individuals and ongoing identity confirmation by Prime and Licensed Users of the MINC system.

Not-for-profit and public sector organizations that are involved in the education, certification, licensure or professional practices of physicians in Canada may apply to MINC#NIMC for a license to use the MINC number system as a means of:

- (i) accurately identifying individuals with whom they have dealings,
- (ii) processing information relating to those individuals, and
- (iii) linking or exchanging physician information with other Licensed or Primary Users for Approved Purposes such as the compilation of statistics, the development of profiles, the administration of programs or benefits, the management of the health system and research.

Licensees agree to comply with MINC#NIMC's Privacy Code, with privacy, security and confidentiality provisions, and with applicable privacy legislation as part of their licensing agreements.

The MCC and the twelve Canadian medical regulatory authorities will have controlled access to both MINC numbers and Core Information in order to facilitate the performance of their regulatory responsibilities. The only information that shall be disclosed to Licensed Users shall be the MINC numbers for their own members.

**For a more complete description of MINC#NIMC, including the details of its Privacy Code and a list of all Licensed Users and their approved uses, consult its website at [www.minc-nimc.ca](http://www.minc-nimc.ca), or contact MINC#NIMC directly at:**

2283 St. Laurent Blvd., Suite 100  
Ottawa, ON Canada K1G 5A2  
Phone: 613-288.2792 – 1.855.288.2783  
[Info@minc-nimc.ca](mailto:Info@minc-nimc.ca)  
[www.minc-nimc.ca](http://www.minc-nimc.ca)

I have read and understand the above information, and consent to the release of my information to MINC#NIMC for the purpose of generating a MINC number that will be permanently assigned to me. I further consent to MINC#NIMC disclosing the MINC number and personal information to Prime and Licensed Users, as outlined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed



# COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

**Registration Department**  
Suite 5005 -7071 Bayers Road  
Halifax, Nova Scotia  
Canada B3L 2C2  
Phone: (902) 422-5823 Toll-free: 1-877-282-7767  
Fax: (902) 422-5035  
Email: [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca)  
[www.cpsns.ns.ca](http://www.cpsns.ns.ca)

## 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](http://physiciansapply.ca).

Prior to registration being granted:

- (a) I will register an account in [physiciansapply.ca](http://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](http://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](http://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](http://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/State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Applicant