
COLLEGE OF
PHYSICIANS AND
SURGEONS OF
NOVA SCOTIA
(CPSNS)

Fair Registration
Practices Act (FRPA)
PROGRESS REPORT
May 2018

Province of Nova Scotia



Table of Contents

- Introduction 2
- Summary from 2014 FRPA Review Report 3
- Exemplary Practices 4
- 2017 Registration Data 4
- FRPA Review Questionnaire and Assessment..... 10
- Further Recommendations / Next Steps 19
- Disclaimer..... 20
- Appendices..... 21

Introduction

The Fair Registration Practices Act (FRPA) mandates that regulating bodies carry out registration practices that are transparent, objective, impartial and procedurally fair.¹ The FRPA review process was designed to fulfill the obligations of the legislation; it allows the FRPA Review Office and the regulating bodies to review existing registration practices for current compliance with the FRPA as well as continuous improvement of transparent, objective, impartial and procedurally fair registration practices.²

The purpose of the Fair Registration Practices Act (FRPA) Progress Report is twofold. First, it allows the College of Physicians and Surgeons of Nova Scotia (CPSNS) to review and report on its current registration practices. Second, it shares the CPSNS's progress on previously-identified areas for improvement, and highlights the exemplary practices that have been developed by the CPSNS since their previous review.

Through the 2018 FRPA Progress Report, the FRPA Review Officer aims to build on the progress made by the CPSNS to date and identify opportunities to further improve and evolve registration practices.

¹ The *Fair Registration Practices Code* is delineated in Sections 6-12 of the Fair Registration Practices Act. *Government of Nova Scotia*. Ch. 38 of the Acts of 2008, as amended by 2014, c. 14.

² For more information on the FRPA Review Process, see the *Guide to Fair Registration Practices Act*: http://novascotia.ca/lae/RplLabourMobility/documents/FRPA_GuidetoReviewProcess_WEB.pdf

Summary from 2014 FRPA Review Report

The following table summarizes the Action Plan from the College of Physicians and Surgeons 2014 Review report and the progress that has been made by CPSNS in achieving each action item.

#	Action	FRPA Reference	Completed	Not completed	Outcome/Rationale
1	<ul style="list-style-type: none"> Continue development of new website enhancements. 	16(3)(g)	XX		<p>The Registration content of the College's website has been revised to align with the <i>Medical Act</i> and Medical Practitioners Regulations that were brought into force January 1, 2015.</p> <p>The College's website content is revised as policies and guidelines are updated.</p> <p>One of the College's strategic themes is a focus on trust and transparency. In alignment with this strategic theme, we are focusing on plain language. A website project is currently underway to provide updated Registration information, in plain language, for applicants to determine eligibility for licensure before proceeding to physiciansapply.ca. We anticipate completion by the end of 2018.</p> <p>While there is no formal policy on timelines for content development on the website, the content is regularly reviewed with an eye to legislation, policy updates and informal feedback.</p>

Exemplary Practices

- ✓ **Plain Language** training was provided to staff in November 2016 by Ms. Catherine Buckie. To date, the Professional Conduct portion of our website has been rewritten in plain language. A project is currently underway to ensure the Registration content of our website is written in plain language for applicants to determine eligibility for licensure before proceeding to physiciansapply.ca. A plain language style guide has also been developed to assist staff in ensuring College documentation meets the guidelines of plain language.
- ✓ **Physiciansapply.ca** - The physiciansapply.ca website provides applicants with a central location for submitting credentials for verifications, applying for Medical Council of Canada (MCC) exams, etc., and ensures that they must only submit supporting documentation once. Additionally, through this centralized database, applicants can check on the status of their application 24/7. Our College was the first to launch the Medical Council of Canada’s physiciansapply.ca website in 2007.
- ✓ **Defensible Decision-Making Guide** – In October 2016, the College’s legal counsel provided an education session to its Registration Committee on defensible decision-making. In March 2017, a guide on defensible-decision making was developed. In April 2017, an education session was provided to the Registration Committee on the guide. The guide provides staff and members of the Registration Committee with documented procedures and all relevant reference materials related to licensure, including: review of qualifications, application for licensure, internal review, registration appeal and reinstatement.
- ✓ **Registration Statistics and Benchmarks** – Quarterly volume indicators, benchmarks and geographic demographics are calculated for applications received, licences granted, reviews of qualifications processed and certificates of professional conduct issued.
- ✓ **Business Process Analyst** – A new position has been created to identify process improvement opportunities, map existing processes and design improved processes. The business process analyst began January 2, 2018. The Registration Department processes will be the first to be reviewed.
- ✓ **2017 Strategic Plan** – The theme - [A Focus on Trust and Transparency](#) is building understanding and trust in the work of the College. For the College to be seen as trustworthy by the public and the profession, the College will:
 - share information in a fair, sensitive and consistent manner in accordance with our legislation and policy; and
 - ensure all College communications are clear and accessible.

2017 Registration Data

#	Question	Response
1	Total number of individuals with practicing licenses/certifications. Do not report on any licenses or certificates you issue to a business, school or group.	3100
2	Number of registrations for the reporting year, from applicants who received their qualifications as indicated below:	

	<ul style="list-style-type: none"> Received qualifications (training/work experience for trades) in NS, new applicant. 	160
	<ul style="list-style-type: none"> Received qualifications in Canada, new applicant - n/a for trades - issue a Certification of Qualification. 	225
	<ul style="list-style-type: none"> Received qualifications (training/work experience for trades) internationally, new applicant. 	173
	<ul style="list-style-type: none"> AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction. 	4
	<ul style="list-style-type: none"> Total number of applicants. 	562
3	Types of practicing licenses/certificates you issue and total number of individuals for each type identified for the reporting year.	
	<ul style="list-style-type: none"> Defined Licence 	19
	<ul style="list-style-type: none"> Academic Licence 	11
	<ul style="list-style-type: none"> Clinical Assistant Licence 	2
	<ul style="list-style-type: none"> Defined Licence for Fellowship 	20
	<ul style="list-style-type: none"> Full Licence 	120
	<ul style="list-style-type: none"> Postgraduate Practising Internal 	8
	<ul style="list-style-type: none"> Postgraduate Practising External 	40
	<ul style="list-style-type: none"> Postgraduate Transfer or Re-entry 	18
	<ul style="list-style-type: none"> Postgraduate Training Elective 	113
	<ul style="list-style-type: none"> Postgraduate Training Fellowship Training 	13
	<ul style="list-style-type: none"> Postgraduate Year 1 - Cdn Medical School 	101
	<ul style="list-style-type: none"> Postgraduate Year 1 - Non-Cdn Medical School 	17
	<ul style="list-style-type: none"> Restricted - Special Case 	23
	<ul style="list-style-type: none"> Temporary Licence 	27
	<ul style="list-style-type: none"> Clinical Observership Permit 	6
	<ul style="list-style-type: none"> Medical Student Observership 	5
4	Number of completed applications submitted by applicants who received their qualifications as indicated below.	
	<ul style="list-style-type: none"> Received qualifications (training/work experience for trades) in NS, new applicant: 	
	<ul style="list-style-type: none"> o <i>Accepted:</i> 	151
	<ul style="list-style-type: none"> o <i>Rejected:</i> 	0
	<ul style="list-style-type: none"> o <i>Still in process:</i> 	9
	<ul style="list-style-type: none"> o <i>Withdrawn:</i> 	0
	<ul style="list-style-type: none"> o <i>File inactive or closed:</i> 	0

	<ul style="list-style-type: none"> • Received qualifications in Canada, new applicant: 	
	<ul style="list-style-type: none"> ○ <i>Accepted:</i> 	191
	<ul style="list-style-type: none"> ○ <i>Rejected:</i> 	0
	<ul style="list-style-type: none"> ○ <i>Still in process:</i> 	25
	<ul style="list-style-type: none"> ○ <i>Withdrawn:</i> 	8
	<ul style="list-style-type: none"> ○ <i>File inactive or closed:</i> 	1
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) internationally, new applicant: 	
	<ul style="list-style-type: none"> ○ <i>Accepted:</i> 	126
	<ul style="list-style-type: none"> ○ <i>Rejected:</i> 	1
	<ul style="list-style-type: none"> ○ <i>Still in process:</i> 	41
	<ul style="list-style-type: none"> ○ <i>Withdrawn:</i> 	4
	<ul style="list-style-type: none"> ○ <i>File inactive or closed:</i> 	1
	<ul style="list-style-type: none"> • AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction: 	
	<ul style="list-style-type: none"> ○ <i>Accepted:</i> 	2
	<ul style="list-style-type: none"> ○ <i>Rejected:</i> 	0
	<ul style="list-style-type: none"> ○ <i>Still in process:</i> 	1
	<ul style="list-style-type: none"> ○ <i>Withdrawn:</i> 	1
	<ul style="list-style-type: none"> ○ <i>File inactive or closed:</i> 	0
5	For those new Canadian applicants (not NS), list the provinces in Canada (and associated numbers) where the level of education to qualify the applicant for licensure (training or work experience for trades) was obtained.	
	<ul style="list-style-type: none"> • Newfoundland & Labrador 	32
	<ul style="list-style-type: none"> • Prince Edward Island 	0
	<ul style="list-style-type: none"> • New Brunswick 	0
	<ul style="list-style-type: none"> • Quebec 	23
	<ul style="list-style-type: none"> • Ontario 	100
	<ul style="list-style-type: none"> • Manitoba 	12

	<ul style="list-style-type: none"> • Saskatchewan 	11
	<ul style="list-style-type: none"> • Alberta 	23
	<ul style="list-style-type: none"> • British Columbia 	24
6	For new international applicants, list the source countries (and associated numbers) where the applicant received the level of education to qualify them for licensure (training or work experience for trades).	
	<ul style="list-style-type: none"> • Australia 	6
	<ul style="list-style-type: none"> • Bahrain 	4
	<ul style="list-style-type: none"> • Bulgaria 	1
	<ul style="list-style-type: none"> • Caribbean Netherlands 	9
	<ul style="list-style-type: none"> • Cayman Islands (UK) 	1
	<ul style="list-style-type: none"> • Cook Islands (NS) 	1
	<ul style="list-style-type: none"> • Czech Republic 	1
	<ul style="list-style-type: none"> • Dominica 	1
	<ul style="list-style-type: none"> • Egypt 	6
	<ul style="list-style-type: none"> • Grenada 	1
	<ul style="list-style-type: none"> • Haiti 	1
	<ul style="list-style-type: none"> • Hungary 	3
	<ul style="list-style-type: none"> • India 	10
	<ul style="list-style-type: none"> • Iran 	2
	<ul style="list-style-type: none"> • Iraq 	2
	<ul style="list-style-type: none"> • Ireland 	18
	<ul style="list-style-type: none"> • Italy 	1
	<ul style="list-style-type: none"> • Kuwait 	5
	<ul style="list-style-type: none"> • Latvia 	1
	<ul style="list-style-type: none"> • Libya 	1
	<ul style="list-style-type: none"> • Malta 	1
	<ul style="list-style-type: none"> • Mexico 	2
	<ul style="list-style-type: none"> • Morocco 	1
	<ul style="list-style-type: none"> • New Zealand 	3
	<ul style="list-style-type: none"> • Nigeria 	11
	<ul style="list-style-type: none"> • Oman 	4
	<ul style="list-style-type: none"> • Pakistan 	6
	<ul style="list-style-type: none"> • Philippines 	1
	<ul style="list-style-type: none"> • Poland 	1
	<ul style="list-style-type: none"> • Romania 	2
	<ul style="list-style-type: none"> • Russia 	1
	<ul style="list-style-type: none"> • Saint Kitts and Nevis 	2
	<ul style="list-style-type: none"> • Saint Lucia 	2
	<ul style="list-style-type: none"> • Saudi Arabia 	35
	<ul style="list-style-type: none"> • Sint Maarten (Netherlands) 	2
	<ul style="list-style-type: none"> • South Africa 	4
	<ul style="list-style-type: none"> • Syria 	1
	<ul style="list-style-type: none"> • Trinidad and Tobago 	1

	<ul style="list-style-type: none"> • United Arab Emirates 	1
	<ul style="list-style-type: none"> • United Kingdom 	11
	<ul style="list-style-type: none"> • United States 	7
7	Average length of time (in days) between receipt of a completed application and response to the applicant, for those who received their qualifications as indicated below. Response to the applicant to include whether they meet the requirements, partially meet and need to fill gaps, or there is no match and other pathways might be a consideration.	
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) in NS, new applicant: 	2
	<ul style="list-style-type: none"> • Received qualifications in Canada, new applicant: 	1
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) internationally, new applicant: 	3
	<ul style="list-style-type: none"> • AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction: 	2
8	Average registration process time (or application approval) for those who received their qualifications as indicated below.	
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) in NS, new applicant: 	52
	<ul style="list-style-type: none"> • Received qualifications in Canada, new applicant - n/a for trades - issue a Certification of Qualification 	49
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) internationally, new applicant 	62
	<ul style="list-style-type: none"> • AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction 	48
9	Total costs (to the applicant) associated with registration (certification) for applicants who received their qualifications as indicated below. Separate costs that the regulatory body themselves imposes on the applicant from other necessary costs incurred related to registration.	
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) in NS, new applicant: 	Regulatory Body Costs: \$350 Other:\$13,000
	<ul style="list-style-type: none"> • Received qualifications in Canada, new applicant: 	Regulatory Body Costs: \$350 Other:\$13,000
	<ul style="list-style-type: none"> • Received qualifications (training/work experience for trades) internationally, new applicant 	Regulatory Body Costs: \$700 Other:\$18,000
	<ul style="list-style-type: none"> • AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction: 	Regulatory Body Costs: \$350 Other:\$2,000

10	Number of appeals, internal reviews or challenges related to a registration decision from applicants who received their qualifications as indicated below:	
	• Received qualifications (training/work experience for trades) in NS, new applicant:	0
	• Received qualifications in Canada, new applicant:	0
	• Received qualifications (training/work experience for trades) internationally, new applicant	1
	• AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction:	0
11	Length of time the appeals or internal review process took for applicants who received their qualifications as indicated below:	
	• Received qualifications (training/work experience for trades) in NS, new applicant:	0
	• Received qualifications in Canada, new applicant:	0
	• Received qualifications (training/work experience for trades) internationally, new applicant:	49
	• AIT/CFTA transfers, applicants already registered in another Canadian jurisdiction:	0
12	What does registration with your organization authorize?	Scope of Practice Rights and Rights to use an Occupational Title

FRPA Review Questionnaire and Assessment

	Question	Respondent Answer	FRPA Reference
1a	How (what methods) do you use to provide information to potential applicants on your registration practices? (i.e. internet, individual counselling, hard copies)?	<p>Information is provided to potential applicants via:</p> <ul style="list-style-type: none"> • Internet; • Email; • Hard Copy; • Telephone; and • In person if an applicant presents at the CPSNS office. 	16(3)(g)
1b	Can an applicant begin the process outside of Canada?	<p>Yes, the application process can begin outside of Canada. Information on registration and licensing is contained on the College's website. Physicians are required to be legally able to work in Canada (work permit or permanent resident) but can start the application process before this is obtained.</p>	
2	Please provide a link to your website.	<p>http://www.cpsns.ns.ca/</p>	16(3)(g)
2a	I believe that information on our website is: clear and understandable, written in plain language.	<p>The information on our website is clear and understandable. To date, the Professional Conduct portion of our website has been rewritten in plain language. A project is currently underway to ensure the Registration content of our website is written in plain language for applicants to determine eligibility for licensure before proceeding to physiciansapply.ca</p>	
2b	On what basis do you make changes to your website?	<p>Changes to the College's website are made based on feedback from applicants and policy changes.</p>	
2c	When was the section of the website pertaining to registration last updated?	<p>The Registration and Licensing section of the website is constantly undergoing updates as there are changes in policy regarding registration and licensure. Another thorough update is planned for 2018.</p>	
3a	Are your requirements (e.g. education, work experience, examination and fees) for registration specified by legislation, regulation and/or policy?	<p>The College's requirements for registration are specified in:</p> <ul style="list-style-type: none"> • Legislation; • Regulation; and • Policy. 	7(a), 7(c), 7(f), 16(3)(a), 16(3)(d)
3b	Specify the appropriate section(s)	<p>The CPSNS operates under the 2015 Medical Act, Medical Practitioners Regulations and policies developed in relation to the Act and Regulations and found on the CPSNS website. http://www.cpsns.ns.ca/Registration-Licensing</p>	
3c	Is this information made available to applicants	<p>Yes, information regarding information requirements can be found on the College's website and is available to everyone.</p>	

4	Are you waiting for legislation to be passed?	<i>No, all legislation is current as of January 1, 2015.</i>	
5a	Is the criteria for meeting the requirements of registration documented?	<i>Yes, the requirements of licensure are documented on the College's website.</i>	7(d), 16(3)(b)
5b	Do you provide applicants with the description of the criteria used to assess whether the requirements have been met (i.e. the number of years of schooling needed to be considered equivalent to a degree)?	<i>Yes, all information regarding the criteria to assess requirements of licensure is contained on the College's website under Registration and Licensing, as well as in the Medical Act, Medical Practitioners Regulations and registration policies.</i>	
6	If you require translation of specific documents how is the applicant informed?	<i>An applicant is informed of the requirement for the translation of specific documents via:</i> <ul style="list-style-type: none"> • <i>Web Site;</i> • <i>Email;</i> • <i>Telephone; and</i> • <i>Applicants can be informed in any number of ways but all application packages indicate that some documents require translations; as well, the Application Documentation Status (ADS) website lets each individual applicant know what documents need to be translated.</i> 	7(a)
7	Do you have a streamlined registration process for those applicants already registered in another Canadian jurisdiction (as per Chapter 7 Agreement on Internal Trade / Canada Free Trade Agreement)?	<i>Yes, the physiciansapply.ca website provides applicants with a central location for submitting credentials for verifications, applying for Medical Council of Canada (MCC) exams, etc., and ensures that they must only submit supporting documentation once. Additionally, through this centralized database, applicants can check on the status of their application 24/7.</i>	3
8	Does your organization make accommodation for applicants with physical or mental disability?	<i>Yes, the College has not yet had to make any specific accommodations as the building the College occupies can accommodate any applicants with a disability. If necessary, the College would make required accommodations. We are in process of developing a formal policy.</i>	16(3)(h)
9a	Is any of your assessment process conducted by a third party (i.e. national bodies, credential assessment agencies, etc.)?	<i>Yes, as outlined in 9b.</i>	16(3)(i)
9b	If so, please specify the name of the organization and describe their role.	<i>The following organizations conduct third party assessments for the CPSNS:</i> <ul style="list-style-type: none"> • <i>Medical Council of Canada;</i> • <i>Royal College of Physicians and Surgeons of Canada; and</i> 	

		<ul style="list-style-type: none"> • <i>College of Family Physicians of Canada.</i> 	
9c	Please indicate the types of activities that they assist with.	<p><i>Third party assessors provide the following types of activities:</i></p> <ul style="list-style-type: none"> • <i>Data Collection;</i> • <i>Data Storage;</i> • <i>Credential Assessment;</i> • <i>Verification of Documents;</i> • <i>Examinations; and</i> • <i>Practice Ready Assessment.</i> 	
9d	Can you describe how they adhere to the General Duties of the Regulatory Body as outlined in the Act, including transparency, objectivity, impartiality and procedural fairness?	<p><i>- Representation on the Medical Council of Canada's Board.</i></p> <p><i>See the third-party questionnaire responses in the Appendices.</i></p>	
9e	Are you informed of all decisions made by third parties on applicants?	<i>Yes, we are informed on decisions made by third parties.</i>	
9f	Does the third party have an internal review process for unsuccessful applicants?	<p><i>Yes, the College's third-party organizations are separate and independent from the College, each having a distinct role in the medical licensure system. They are also our partners and stakeholders with whom we consult, collaborate and engage in continuing dialogue.</i></p> <p><i>See the third-party questionnaire responses in the Appendix.</i></p>	
10a	What types of supports do you provide to applicants during the registration process?	<p><i>The following supports are provided to applicants during the registration process:</i></p> <ul style="list-style-type: none"> • <i>Website;</i> • <i>Telephone;</i> • <i>Print Material; and</i> • <i>Providing support in person.</i> 	7(e), 16(3)(k)
10b	Have you had applicants who need support mechanisms that you can't provide or are not available?	<p><i>Yes, applicants requiring an assessment for specialty or family practice. It is extremely difficult to obtain assessments for various reasons, e.g. cost, availability of assessors/venues for assessments.</i></p> <p><i>A new business model for the Practice Readiness Assessment (PRA) program was proposed to the Department of Health and Wellness in early 2018, by the Nova Scotia Health Authority. The College is awaiting information from the Department of Health and Wellness on the proposed PRA program and will be informed of its development over the coming months. The specific eligibility requirements for screening will be reviewed by CPSNS in April 2018 and will be made available on the CPSNS website as the PRA program is further developed. Once the PRA program is announced as</i></p>	

		<i>open for application, physicians may request a formal Review of Qualifications through physiciansapply.ca.</i>	
11	Where practical, do you provide unsuccessful applicants with information on programs and services they can participate in to facilitate successful registration in the future?	<i>Yes, the College refers unsuccessful applicants to e.g., Medical Council of Canada examinations; to the Canadian Resident Matching Service for postgraduate training.</i>	8(d)
12	Do you have a reasonable timeframe to respond to inquiries from applicants?	<i>The College's timeframe to respond to inquiries is very reasonable.</i> <i>Our standard is to respond to physicians within 2 business days on general inquires. Physicians who have started the application process have access to a portal with the CPSNS where they can check 24/7 on the status of their application. Physicians requesting a review of their qualifications to determine eligibility generally receive a response within 2weeks unless further information is required to determine eligibility.</i> <i>Quarterly statistics monitor the timelines for processing applications to ensure we meet our processing benchmarks.</i>	7(b), 8(a), 8(b), 8(c)
13a	Do you provide written decisions, responses and reasons for acceptance or rejection of an application?	<i>Yes, we provide written decisions, responses and reasons for acceptance or rejection of an application.</i>	8(b), 8(c), 10
13ai	Do you have a formal policy for this process?	<i>Yes, the internal review process is documented within the College's Defensible Decision-Making Guide.</i>	
13aii	Do you have a standard timeline?	<i>Yes, the College's Defensible Decision-Making Guide also defines the time of decision-making for the Internal Review Sub-Committee to make a decision within a reasonable time (7 to 14 days of the meeting date) and render a written decision within 30 days of the verbal decision.</i>	
13b	Do you provide applicants who are not granted registration with information regarding an internal review process (including the opportunity to make submissions respecting such reviews?)	Yes	
13c	Based on the previous questions, describe ways your organization could improve the timeliness of your decisions and/or how you could communicate the results	<i>The Medical Act (Section 19) and the Medical Practitioners Regulations (Sections 14, 65-72) define the length of time of the internal review process. The College's Defensible Decision-Making Guide also defines the time of decision-making for the Internal Review Sub-Committee to make a</i>	

		<i>decision within a reasonable time (7 to 14 days of the meeting date) and render a written decision within 30 days of the verbal decision.</i>	
14a	Do you provide information on what documentation of qualifications must accompany an application?	<i>Yes, information is also shared with the applicant on the Application Documentation Status (ADS) website where physicians can check the status of their application 24 / 7.</i>	9(a), 16(3)(a), 16(3)(b), 16(3)(e)
14b	Do you include a process for verification of documentation authenticity?	<i>Yes, we include a process for verification of documentation authenticity.</i>	
15	Do you provide information on the steps in the registration process including supporting documentation required at the various steps?	<i>Yes, please refer to: https://cpsns.ns.ca/registration-licensing/licence-type/</i>	7(c), 16(3)(a), 16(3)(b)
16	Do you accept alternative information if required documents cannot be obtained for reasons beyond the applicant's control (i.e. a sworn statement in lieu of full documentation)?	<i>Yes, please refer to our policy Alternative Pathways when Documents Not Available</i>	9(b), 16(3)(c)
17	What difficulties or obstacles are faced by applicants who received their qualifications in a country other than Canada?	<p><i>The following difficulties or obstacles are based by applicants who received their qualifications in a country other than Canada:</i></p> <ul style="list-style-type: none"> <i>• Some applicants experience difficulties in obtaining their original documents for various reasons but this problem is experienced by relatively few applicants; sometimes for political reasons (Cuba) or where the regulatory structure in their home country no longer exists (Russia);</i> <i>• Applicants receiving their qualifications outside of Canada are required to have their medical degree, medical school transcript, and specialty certificates source verified. The translation of the postgraduate training requires source verification. All source verifications must be done through physiciansapply.ca (Medical Council of Canada).</i> <i>• Applicants who do not meet the training and practice requirements for practice entry in NS would be required to have an assessment of their skills and knowledge in Canada which is difficult to obtain; and</i> <i>• Physicians whose undergraduate medical education and patient care experience is not in a country where English is the first language are required to take an English language test approved by the Council of the College (IELTS).</i> 	6, 9(b), 16(3)(c)

18a	Do you have a process for which requests for access documentation related to registrations are considered?	<i>Yes, we do have a process for which requests for access documentation related to registrations are considered.</i>	12, 16(3)(j)
18b	Is this made available to applicants?	<i>Yes, this process is made available to applicants.</i>	
18c	What information may you exclude?	<i>Excluded information in outlined in the College's policy Access to Application and Related Documents Policy</i>	
18d	Do you charge a fee?	<i>Yes, please refer to our fee scheduled at: https://cpsns.ns.ca/wp-content/uploads/2018/02/2018-Fee-Schedule-updated-Feb-5.18.pdf</i>	
19	Does your Act include an authority to conduct an internal review of the registration decision?	<i>Yes, the authority to conduct an internal review is outlined in, Section 19 of the Medical Act and Sections 14, 65 to 72 of the Medical Practitioners Regulations.</i>	7(a)
20	Do you have a regulation or by-law that defines the internal review process?	<i>Yes, Sections 65 to 72 of the Medical Practitioners Regulations defines the internal review process.</i>	7(a), 10
21	When are unsuccessful candidates informed of their right to internal review of the registration decision?	<i>Information on the internal review process is provided to unsuccessful candidates, in written documentation, when advised of the College's decision on an application.</i>	7(a), 10(1)
22a	Do you have an internal review process and procedures document (policy document)?	<i>Yes, information is provided in Sections 65 to 72 of the Medical Practitioners Regulations. The College's Defensible Decision-Making Guide also outlines the internal review process.</i>	7(a), 10(1)
22b	Does this include time frames for the internal review?	<i>Yes, timeframes of the internal review process are outlined in Sections 65 to 72 of the Medical Practitioners Regulations and the College's Defensible Decision-Making Guide.</i>	
23a	With regards to the internal review process you make available to applicants that are not granted registration: summarize the process of the internal review.	<i>The internal review process is covered in Sections 65 to 72 of the Medical Practitioners Regulations. The College's registration decision-making process is outlined in the Appendix - An excerpt from the College's Defensible Decision-Making Guide.</i>	7(a), 10, 16(3)(m)
23b	Describe the opportunities made available to an applicant to make submissions respecting such review.	<i>Section 69 of the Medical Practitioners Regulations states: (1) An applicant may provide new information and make written submissions to the internal review subcommittee: (a) up to 10 business days after receiving information under Section 68; or (b) if requested by the applicant, within a longer time period permitted by the internal review subcommittee.</i>	

		<i>(2) New information and written submissions provided under subsection (1) must be copied to the Registrar.</i>	
23c	Specify the format for the internal review submission.	<i>Written submissions are required for an internal review submission.</i>	
23d	What is the timeline for submitted supporting evidence?	<i>An applicant must provide supporting evidence 3 weeks prior to the date the physician's file is scheduled to be reviewed by the Internal Review-Sub-Committee.</i>	
23e	Do you believe this is enough time to receive supporting evidence from outside Canada?	<i>Yes, additional supporting information can be submitted by email and the College's secure file sharing service, Titanfile, depending on the information being provided. If an applicant advises they are unable to meet the proposed deadlines for providing additional information, the College would propose the applicant's file go on the next scheduled committee meeting.</i>	
24a	Are the results of the internal review made available to applicants in writing with reasons?	<i>Yes, results of the internal review are made available to applicants in writing with reasons.</i>	
24b	In what timeframe are the results of the internal review made available to applicants?	<i>A verbal decision is provided within 7 to 14 days of the meeting date and a written decision is provided within 30 days of the verbal decision.</i>	7(a), 10(3)
24c	Are these timelines communicated?	<i>Yes, timelines are communicated. Section 71 (2) of the Medical Practitioners Regulations states: An internal review subcommittee must make its decision no later than a reasonable time and must render a written decision with reasons no later than 30 days following the time the subcommittee makes its decision. Our defensible decision-making guide defines reasonable as 7 to 14 days for a verbal decision; 30 days for a written decision.</i>	
25	Have individuals who make internal review decisions received appropriate training?	<i>Yes, in October 2016, the College's legal counsel provided an education session to its Registration Committee on defensible decision-making. In March 2017, a guide on defensible decision making was developed. In April 2017, an education session was provided to the Registration Committee on the guide. The guide provides staff and members of the Registration Committee with documented procedures and all relevant reference materials related to licensure, including: review of qualifications, application for licensure, internal review, registration appeal and reinstatement.</i>	7(a), 11, 16(3)(p)

26	Do you have a prohibition that states that ‘no one who acted as a decision-maker in respect of a registration decision acted as a decision-maker in an internal review’?	<i>Yes, Section 65(1) of the Medical Practitioners Regulations defines the membership of the Internal Review Sub-Committee (IRSC). All members of the IRSC must be members of the Registration Committee.</i>	7(a), 10(5), 16(3)(n)
27	Do you have any international agreements (i.e. reciprocal recognition) endorsed by your regulatory body or national organization?	<i>No CPSNS does not have any international or reciprocal recognition agreements, but the Royal College does - <u>The Royal College of Physicians and Surgeons of Canada : Accepted jurisdictions</u>, as does the College of Family Physicians - <u>Recognized Training Alternative Pathways to Certification in Family Medicine Education The College of Family Physicians Canada</u>.</i>	7
28	Has your organization experienced any unintended consequences—defined as an unintended negative impact on labour market, economic, social or other condition—arising as a result of the implementation of Chapter 7 of the Agreement on Internal Trade?	<i>No</i> <i>We are aware that other provinces have different licensure requirements.</i>	3
29	Does your legislation and/or regulations include labour mobility provisions (i.e. the ability to accept applicants already certified in another Canadian jurisdiction regardless of the requirements in the previous jurisdiction)?	<i>No</i> <i>Information on the College website regarding Canadian Free Trade Agreement (formerly AIT)</i> https://cpsns.ns.ca/wp-content/uploads/2017/10/Canadian-Free-Trade-Agreement.pdf	Chapter 7, CFTA
30	Do you review the requirements of the other provincial regulatory bodies regularly?	<i>Yes, all Canadian medical regulatory authorities (MRAs) are in contact with each other informally regarding various requirements and processes.</i> <i>In addition there is an annual meeting where the registration MRAs gather and share best practices (known as special interest groups)</i> <i>The College also participates in a Registration Working Group which consists of one member from each MRA. This working group also focuses on common registration issues. This working group developed FMRAC’s model standard which can be found at https://fmrac.ca/model-standards-for-medical-registration-in-canada-2/. The MRAs strive to meet the model standards within their legislative ability.</i>	3, Chapter 7, CFTA
31a	Has your organization made any changes to the occupational	<i>No</i>	

	standards in your legislation, regulations and/or by-laws (i.e. entry to practice standards, continuing education requirements, codes of ethics) within the last 2 years?		
31b	If yes, did you work with the Labour Mobility Coordinator or a Provincial Government representative to complete an AIT notification (i.e. notification form sent prior to approval that informs other Canadian jurisdictions of the proposed change)?	N/A	

Further Recommendations / Next Steps

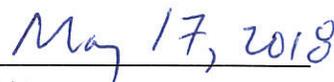
#	Action	Questionnaire Reference	FRPA Reference
1	<ul style="list-style-type: none"> • Develop a visual pathway to licensure that clearly illustrates all the possible pathways for new applicants, international applicants and applicants licensed in other Canadian jurisdictions. <ul style="list-style-type: none"> ○ Reference the appropriate third-party assessor at each stage of the process. ○ Include when the “Practice Satisfactory to the Registrar” policy will be applicable in the pathway. 	3	7(a), (c)
2	<ul style="list-style-type: none"> • Develop and implement a communication strategy to: <ul style="list-style-type: none"> ○ alert potential applicants about the complexity, length and cost of the licensing process, ○ provide information about the steps that internationally educated applicants can complete before they arrive in Canada, ○ provide information and link to the Immigrant Services Agency of Nova Scotia Web in rejection letter and on the CPSNS website, ○ provide information regarding local alternative career options Web in rejection letter and/or on the CPSNS website. 	1(b), 3	7(a),(b),(f)
3	<ul style="list-style-type: none"> • Add estimates/links to third party assessor fees in the Fee Schedule. 		7(f)
4	<ul style="list-style-type: none"> • Enhance the “Practice Satisfactory to the Registrar” policy to include any specific relevant information. <ul style="list-style-type: none"> ○ e.g., Whether any disciplinary history will be a bar to registration. ○ e.g., Whether there is a minimum amount of participation in a continuing professional development program is expected. 	5	7(d)
5	<ul style="list-style-type: none"> • Develop a policy providing for the accommodation of applicants with physical or mental disabilities and make it publicly accessible. 	8	16(3)(h)
6	<ul style="list-style-type: none"> • Articulate the roles and review processes of the Registrar, Registration Committee, and Internal Review/Registration Appeal Committee in a policy and make it publicly accessible through the CPSNS website. 	23	7(a)
7	<ul style="list-style-type: none"> • Articulate the registration process for inter-provincial (CFTA) applicants on the CPSNS website. 	7	3, CFTA

Disclaimer

The College of Physicians and Surgeons of Nova Scotia (CPSNS) hereby declares that the information contained in this report is a true and accurate representation of current registration practices of their organization.



Registrar



Date

Appendices

- ✓ Full Licence Guide
- ✓ Defined Licence Guide
- ✓ Clinical Assistant Licence Guide
- ✓ Clinical Observership Permit Application Package
- ✓ Excerpt from Defensible Decision-Making Guide – Overview of Registration Decision-Making Process
- ✓ MCC Responses to 3rd Party Questionnaire
- ✓ MCC Exam Accommodations
- ✓ CFPC Responses to 3rd Party Questionnaire
- ✓ Royal College Responses to 3rd Party Questionnaire



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

Full Licence - Basic Requirements

The basic requirements for a Full Licence with the College of Physicians and Surgeons of Nova Scotia are as follows:

- Be a graduate in medicine from a university or school that meets criteria approved by Council;
- Be a Licentiate of the Medical Council of Canada (LMCC), or hold an acceptable alternative to the LMCC;
- Meet the English Language Proficiency standards of the College;
- For family practice, hold certification with the College of Family Physicians of Canada; or have completed a one year rotating internship in Canada if prior to 1993;
- For specialty practice, hold certification with the Royal College of Physicians and Surgeons of Canada

For further information, the College of Physicians and Surgeons of Nova Scotia [Medical Practitioners Regulations](#) are available online.



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

Full Licence Guide

Contents

- Full Licence – Basic Requirements
- Application Process
- Required Documentation List
- Reference forms (3)
- [Fee Schedule](#)
- Credit Card Payment form
- MINC Consent form
- Declaration for Breaks / Gaps form
- Continuing Professional Development Information and Consent form
- Declaration for Compliance with Policies and Guidelines form
- Credentials Source Verification Agreement form

The College recommends that you review the following policies:

- [Acceptable Alternatives to the LMCC](#)
- [Practice Satisfactory to the Registrar](#)
- [English Language Proficiency](#)
- [Registration Document Expiry Policy](#)
- [Original Documentation Policy](#)
- [Medical Act of Nova Scotia](#)
- [Medical Practitioners Regulations](#)

Dear Applicant:

This is an application package for registration with the College of Physicians and Surgeons of Nova Scotia (College). Please ensure that you meet the requirements for this licence before you submit any supporting documents.

Please note the following:

- You are responsible for completing all requirements as set out in the documentation list. Follow the documentation list closely, noting the length of time the application form, Certificates of Professional Conduct/Standing and reference forms are valid.
- It is recommended you apply **at least six weeks in advance of your starting date**. However, if additional documentation (e.g. legal documents) or an assessment of skills and knowledge is required, the application process will take longer.
- Supporting documentation is to be forwarded directly to the College of Physicians and Surgeons of Nova Scotia.
- Applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. The months of May to July and November to January are peak periods.
- You have been provided with a username and password to access the College's **Application Documentation Status (ADS)** tracking system. Be sure to advise the College if you change your e-mail address. The ADS tracking system will provide you with a contact coordinator 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 tracking system will also provide you with the expiry date(s) for the application form, Certificates of Standing/Professional Conduct and reference forms. The ADS tracking system is updated as documents are received in the office and reviewed.
- The College will make every effort to register you in time for your planned starting date, but delays outside the College's or your control can occur (e.g., outstanding supporting documents).
- Do not begin practice in Nova Scotia until you have received confirmation from the College that you have been **granted** a licence.
- Applications remaining incomplete or inactive for one year will be considered withdrawn.

Any questions regarding the application process prior to submitting your documentation can be directed to registration@cpsns.ns.ca or (902 422-5823).

Regards,

Registration Department



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

REQUIRED DOCUMENTATION FOR A FULL LICENCE

1. APPLICATION FORM

Your application for licensure in Nova Scotia has been received through the physiciansapply.ca portal.

An application for registration is valid for six (6) months from the date of submission. If you have not obtained licensure within six months from the date of the original application, you will be asked to update several sections of the application in a manner acceptable to the Registrar. There is no need to re-submit documents 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. DOCUMENTATION FEE

The documentation fee was payable upon completion of the application form through physiciansapply.ca. and a receipt will issued by the Medical Council of Canada. The documentation fee is non-refundable fee.

Please refer to the College's Fee Schedule for a list of fees.

3. LETTER OF INTENT

Please include a separate letter indicating the following:

- The date you expect to start practising/training in Nova Scotia;
- Your scope of practice/training (e.g. family medicine, cardiology)
- Office/Hospital address, telephone and fax numbers **in Nova Scotia**
- Home address, telephone and fax numbers **in Nova Scotia**

4. 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.
- Submit the photograph directly to the College.

5. IDENTIFICATION

Applicants are required to provide one of the following valid photo identification:

- Passport

- Permanent Resident card
- Drivers licence

6. 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, ECFMG, America Board of Medical Specialties

Do not 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.

7. BREAKS OR GAPS IN TRAINING OR PRACTICE

Breaks or gaps in postgraduate training or medical practice of three or more continuous months must be accounted for when making application for registration with the College. Any breaks or gaps in training or practice for immigration purposes must also be declared. Breaks or gaps are to be declared on the declaration form provided.

On the enclosed declaration form list:

- Any period of time since graduation from medical school where you have not trained or practised for three (3) or more continuous months;
- Any break or gap of one (1) month or more for health leave.

Return the completed declaration form with your application package.

8. WORK AUTHORIZATION/CITIZENSHIP STATUS

Unless you are a Canadian Citizen or Permanent Resident you are required to provide a valid work permit for Nova Scotia.

9. ENGLISH LANGUAGE PROFICIENCY

Applicants must meet the English language requirement as outlined in the policy [English Language Proficiency](#). Documented evidence of English language testing must be provided where applicable.

10. MEDICAL DEGREE / DIPLOMA

Confirmation of your medical degree can be provided in one of the following ways:

- If you have submitted your medical degree to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia, **or**
- Submitting directly to the College a copy of your medical degree **certified by a notary public or commissioner of oaths**, or
- Presenting the original document in the College office. A photocopy will be made at that time.

For medical degrees issued from outside Canada, if your degree is not in English, you must also provide an original official notarized translation. See [Translation of Documents](#).

11. LMCC OR ACCEPTABLE ALTERNATIVE TO THE LMCC

You are required to have one of the following:

- Licentiate of the Medical Council of Canada (LMCC); or
- United States Medical Licensing Exam (USMLE) Steps 1, 2 and 3; or
- Federation Licensing Examination (FLEX) Components 1 and 2; or
- National Board of Medical Examiners (NBME) Parts I, II, and III; or
- 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); **OR**
- If you have a minimum of five (5) years practice experience satisfactory to the Registrar (see policy [Practice Satisfactory to the Registrar](#))

The above documents can be provided in one of the following ways:

- If you have the LMCC, your information may have been transferred to your physiciansapply.ca account and may be automatically populated on your application form; **or**
- If your LMCC information was not automatically prepopulated in your application or you hold one of the other examinations listed above, you will need to provide an original notarized copy of your certificate(s) **certified by a notary public or commissioner of oaths; or**
- Present the original document(s) in the College office. A photocopy will be made at that time.

Five (5) years of practice acceptable to the Registrar is based on a number of criteria as listed in the policy [Practice Satisfactory to the Registrar](#).

12. POSTGRADUATE TRAINING CERTIFICATE

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](#).

13. FAMILY PHYSICIANS

If you are a family physician, a copy of your certification with the College of Family Physicians of Canada (CFPC) is required for your application. This can be provided in one of the following ways:

- Provide a copy of your CCFP certificate **certified by a notary public or commissioner of oaths, or**
- Present the original certificate in this office. A photocopy will be made at that time, **or**
- If you have recently completed postgraduate training and passed the certification examination of the College of Family Physicians of Canada but have not yet received formal confirmation of your certification, the College of Physicians and Surgeons of Nova Scotia will be advised of your certification directly by the CFPC. This direct communication to the College will be acceptable for the purpose of your application, but it remains your responsibility to check with the CFPC to ensure that confirmation of your certification has been sent to this College.

If you graduated from a Canadian medical school **prior to 1993 and do not have CCFP**, you will need to submit documented evidence of completion of a rotating internship in Canada. If you cannot provide a certificate of completion of training, then confirmation of your training must come directly from the postgraduate medical education office at the medical school where you did your internship.

14. SPECIALISTS

If you are a specialist, a copy of your certification with the Royal College of Physicians and Surgeons of Canada is required for your application. This can be provided in one of the following ways:

- Provide an original copy of your RCPSC certificate **certified by a notary public or commissioner of oaths; or**
- Present the original certificate in the College office. A photocopy will be made at that time; **or**
- If you have recently completed postgraduate training and are registered to sit the Royal College certification exam or if you have recently passed the Royal College certification examination but have not yet received written confirmation of your certification, the College of Physicians and Surgeons of Nova Scotia will be advised of your certification directly by the RCPSC. This direct communication between the College and the Royal College will be acceptable for the purpose of your application, but it remains your responsibility to check with the RCPSC to ensure that confirmation of your certification has been sent to this College.

15. EVIDENCE OF PROFESSIONAL CONDUCT

You will need to make arrangements for a Certificate of Professional Conduct from **all** regulatory authorities in whose jurisdiction you currently hold or have ever held **any type** of licence or registration in the previous 10 years*. Please note the following:

- A Certificate of Professional Conduct from the regulatory authority 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 require your Nova Scotia licence for July 1st then the certificate should be dated within the 45 days prior to July 1).**

- A Certificate of Professional Conduct must be received **directly** from the licensing authority issuing the certificate. We will not accept a certificate that has been provided to you by the licensing authority.
- Most regulatory authorities charge a fee for Certificates of Professional Conduct.
- A copy of your licence or registration certificate where you have held a licence is **not** evidence of professional conduct and will **not** be accepted.
- If you currently hold a Postgraduate Training Licence in Nova Scotia, you do **not** need to contact us for a Certificate of Professional Conduct.

***Additional information may be requested at the discretion of the Registrar.**

16. REFERENCES

Once your application package has been reviewed, **the College will then let you know through the Application Documentation Status (ADS) tracking system where you should forward your reference form(s).**

- Upon notification from the College, complete and sign the applicant portion of the **three (3)** reference form(s) and forward to the appropriate referee(s).
- The referee is required to forward the completed form and accompanying letter (if applicable) directly to the College. Fax, e-mail or regular mail will be accepted.
- All reference forms are to be dated **within the immediate three (3) months prior to a license being granted in Nova Scotia.**

Applicants who have completed postgraduate or fellowship training within the last three (3) years will be required to obtain a reference from their program director(s). **However, please wait until you view the ADS tracking system for confirmation.**

All reference forms are to be submitted in English.

17. CRIMINAL RECORD SCREENING

You are required to undergo a criminal record check from each country / state in which you have lived, trained or practised medicine since the age of majority.

The College will only accept criminal record check reports directly from CSI Screening Inc. Requests for criminal record checks must be made directly to CSI Screening Inc. (<http://www.csiscreening.com/>) and can be done electronically. CSI Screening provides Canadian criminal records checks within 24 hours, through a contract with Canadian Police Providers. CSI is also able to conduct US and international criminal records checks. CSI provides completed reports directly to the College.

A completed criminal record check does not ensure that registration/licensure will be granted. Positive findings will be considered for further action by the College based on criteria including:

- The date of the conviction;
- The number of convictions;
- The nature and seriousness of the offences;
- The relevance of the details of the offence to the practice of medicine.

Criminal record checks must be requested under all names you have used.

A criminal record check report must be dated within six months prior to the date registration/license is issued. The timelines for receipt of international criminal record check reports can vary depending on the country. Your application will not be considered finalized until the College has received a report from CSI Screening Inc.

The cost of conducting a criminal record check varies from country to country and is your responsibility.

Additional information may be required at the discretion of the Registrar.

18. **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>).

19. **CONTINUING PROFESSIONAL DEVELOPMENT**

You are required to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) Mainpro+ Program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) Program.

If you are currently enrolled with either Mainpro+ or MOC, please complete and return the enclosed Information and Consent form directly to this College.

If you are not currently enrolled with the CFPC or the Royal College, there are two (2) options:

- Become a member of the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (Royal College). Participation in either Mainpro+ or MOC is a part of membership in these programs; **OR**
- The CFPC and the Royal College both have non-member CPD streams that will enable physicians to meet the requirements of continuing professional development.

More information on these programs can be found at the following links:

[The College of Family Physicians of Canada Maintenance of Proficiency Program \(Mainpro+\)](#)

[Royal College of Physicians and Surgeons of Canada \(Royal College\) Maintenance of Competence \(MOC\) Program](#)

20. COMPLIANCE WITH POLICIES AND GUIDELINES

The College of Physicians and Surgeons of Nova Scotia develops policies and guidelines which can be found on the College's website.

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.

Physicians obtaining a licence in Nova Scotia are required to sign the enclosed declaration that they agree to review and comply with College policies and guidelines for physicians. Note that the College's investigations committees routinely refer to these guidelines and policies when investigating complaints about physicians.

21. 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.

ADDITIONAL INFORMATION

1. REGISTRATION AND ANNUAL LICENCE FEES

Prior to registration being granted you will need to submit the following fees directly to the College of Physicians and Surgeons of Nova Scotia:

- Registration fee, and
- Appropriate annual licence fee

The College does not prorate fees with the exception of the annual licence fee. Physicians obtaining a licence July 1 to December 31 pay only half the annual licence fee. Please refer to the College's Fee Schedule for the current fees.

Payment of these fees is made directly to the College and can be paid by cheque or credit card (Visa or Master Card).

2. INTERVIEW

All applicants for licensure under the Conditional Register with the College of Physicians and Surgeons of Nova Scotia will be interviewed by Registration staff assigned by the Registrar prior to a licence being granted. Conditions to be placed on a licence will be discussed at the interview.

Applicants for licensure who have been approved for any other type of licence may be required to attend for an interview at the discretion of the Registrar.

3. SERVICE PROVIDER (BILLING) NUMBER

Obtaining a Nova Scotia licence does not automatically provide or ensure a physician a billing number with Medical Services Insurance (MSI). For information on billing numbers please contact MSI directly by e-mail msiproviders@medavie.ca or phone 902-496-7011; (toll free) 1-866-553-0585. Information is also available on MSI's website at www.medavie.bluecross.ca/msiprograms under **Physician Registration**.

4. NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM

The *Prescription Monitoring Act* and Regulations established a prescription monitoring program to promote the appropriate use of monitored drugs in Nova Scotia and to reduce the abuse or misuse of monitored drugs in the province. The legislation also established a Prescription Monitoring Board to develop and operate the Nova Scotia Prescription Monitoring Program.

Approved prescription pads are necessary for all physicians who will be prescribing monitored drugs. These pads will only be issued to prescribers who are registered with the Nova Scotia Prescription Monitoring Program. There is no charge for the prescription pads. For information regarding this program please visit the Nova Scotia Prescription Monitoring Program website at www.nspmp.ca.

5. DOCTORS NOVA SCOTIA

Physicians licensed in Nova Scotia are required to pay annual dues to Doctors Nova Scotia within one month of obtaining a Nova Scotia license. Applications for membership can be obtained directly from [Doctors Nova Scotia](http://DoctorsNovaScotia.ca).

- 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

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
E-mail : registration@cpsns.ns.ca
www.cpsns.ns.ca

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.

- 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.



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
www.cpsns.ns.ca

Credit Card Payment Information

College of Physicians and Surgeons of Nova Scotia fees can be paid in the following ways:

- Cheque or money order
- Cash (if paying in person)
- Credit Card (VISA and Master Card only)
- Visa Debit

** Cheques returned by the bank for non-processing will be charged an administration fee. Replacement payments must be made by money order, certified cheque or cash and include the administration fee. Refer to the College's website for the fee schedule.*

IF YOU ARE PAYING BY CREDIT OR DEBIT CARD, PLEASE COMPLETE AND SUBMIT THE FOLLOWING FORM:

VISA
 VISA DEBIT
 MASTERCARD
 Amount of Payment: \$ _____

Credit Card Number: _____ Expiry: _____

Cardholder's name as it appears on the card: _____
(please print)

Signature of Cardholder: _____

Please indicate who this payment is for if not for the card holder _____

FOR OFFICE USE ONLY: Physician Other

Received by: _____ Date: _____ For: _____

Processed by: _____ Date: _____

Receipt issued by: _____ Date: _____ Receipt # _____

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



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
www.cpsns.ns.ca

Continuing Professional Development (CPD) Program Information

Introduction

A commitment to maintaining and enhancing competence and practice performance is a pillar of medical professional self-regulation. The College of Physicians and Surgeons of Nova Scotia (the College) requires its members to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) MAINPRO program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) program. For physicians located in the United States, the College requires participation in an American continuing professional development program.

Name: _____ CPSNS Licence # _____
(Please print)

In which of the following continuing professional development programs do you currently participate?

College of Family Physicians of Canada MAINPRO Program

CFPC ID # _____

MAINPRO Cycle information:

Cycle Start: _____ (month/year) Cycle End: _____ (month/year)

Royal College of Physicians and Surgeons of Canada MOC Program

Royal College ID # _____

MOC Cycle information:

Cycle Start: _____ (month/year) Cycle End: _____ (month/year)

American Continuing Professional Development Program

Program ID # _____

Program Name: _____

Mailing Address: _____

Telephone Number: _____

Email: _____

Cycle information:

Cycle Start: _____(month/year)

Cycle End: _____(month/year)

Consent

By signing below, I provide formal consent to the College of Physicians and Surgeons of Nova Scotia to exchange information with the respective certifying college (CFPC or Royal College or American CPD program (insert name; _____)). This information pertains solely to my participation in the professional development program. (Further information about this consent is attached.)

Signature

Date

Please return this form by fax to (902) 422-5035 or by e-mail at registration@cpsns.ns.ca.



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
www.cpsns.ns.ca

Information on Consent to Exchange Information with the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada on Continuing Professional Development (CPD)

Introduction

A commitment to maintaining and enhancing competence and practice performance is a pillar of medical professional self-regulation. The College of Physicians and Surgeons of Nova Scotia (the College) requires its members to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) MAINPRO program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) program.

College of Family Physicians of Canada (CFPC) MAINPRO Program

If you are enrolled in the College of Family Physicians of Canada (CFPC) MAINPRO program, or if you will be enrolling, your consent authorizes the CFPC to provide any information relevant to your participation in the MAINPRO program, and any information that the College of Physicians and Surgeons of Nova Scotia may request pertaining to your participation in the MAINPRO program. This authorization will continue unless you revoke it in writing.

Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) Program

If you are enrolled with the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Certification (MOC) program or you will be enrolling, your consent authorizes the Royal College to provide any information relevant to your participation in the MOC program, and any information that the College of Physicians and Surgeons of Nova Scotia may request pertaining to your participation in the MOC program. This authorization will continue unless you revoke it in writing.

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.

Licenseses 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, 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
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

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
www.cpsns.ns.ca

DECLARATION TO ACCOUNT FOR BREAKS OR GAPS IN TRAINING OR PRACTISE HISTORY

Instructions to applicant:

- Use this form to declare and account for all periods, since graduation from medical school, during which you did not practise medicine either as a postgraduate clinical trainee or as a clinical practitioner in any capacity.
- Declare only those periods of time where you have not trained or practised for three or more continuous months; or if you have had a break of one month or longer for personal health reasons
- Enclose the completed declaration with your application package and forward it to the College's Registration Department.
- If you have **not** had any breaks in your training/practice you do **not** need to complete this form.

Applicant's declaration:

I ceased postgraduate training / practising medicine for three or more continuous months

I have had a break of one month or longer for personal health reasons

Dates (mm/yyyy to mm/yyyy)

Reason for break (explain why you took a break, e.g. maternity leave, medical leave, immigration – attach additional pages if necessary)

I make this declaration conscientiously believing it to be true, and knowing that it is the same legal force and effect as if made under oath.

Applicant's signature

Print name

Date



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

www.cpsns.ns.ca

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.

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



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 5005 -- 7071 Bayers Road

Halifax, Nova Scotia

Canada B3L 2C2

Phone: (902) 422-5823 Toll-free: 1-877-282-7767

Fax: (902) 422-5035

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

Defined Licence – Basic Requirements

The basic requirements for a Defined Licence with the College of Physicians and Surgeons of Nova Scotia are as follows:

- Be a graduate in medicine from a university or school that meets criteria approved by Council;
- Have postgraduate training appropriate for the practice and approved by Council;
- Have examination(s) acceptable to Council (e.g., Medical Council of Canada Qualifying Examination – Part I); United States Medical Licensing Examination (USMLE)
- Meet the English Language Proficiency standards of the College;
- Have a Sponsor and Supervisor who are approved in writing by the Registrar;
- Have a pathway to Full licensure;
- Comply with any requirements considered necessary by Council.

Information on supervision can be found at [Defined Licence](#).

For further information on licensure, the College of Physicians and Surgeons of Nova Scotia [Medical Practitioners Regulations](#) are available online.



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

www.cpsns.ns.ca

Defined Licence Guide

Contents

- Application Process
- Required Documentation List
- Reference forms (3)
- Credit Card Payment form
- MINC Consent form
- Declaration for Breaks or Gaps in Practice form
- Continuing Professional Development Information and Consent form
- Declaration for Compliance with Policies and Guidelines form
- Credentials Source Verification Agreement Form

The College recommends that you review the following:

- [Fee Schedule](#)
- [English Language Proficiency Policy](#)
- [Defined Licence: Route to Full Licensure](#)
- [Examinations Required for Defined Licensure](#)
- [Medical Specialty List Criteria](#)
- [Registration Documentation Expiry Policy](#)
- [Original Documentation Policy](#)
- [Translation of Documents](#)
- [Medical Practitioners Regulations](#)
- [Medical Act of Nova Scotia](#)

Dear Applicant:

This is an application package for registration with the College of Physicians and Surgeons of Nova Scotia (College). Please ensure that you meet the requirements for this licence before you submit any supporting documents.

Please note the following:

- You are responsible for completing all requirements as set out in the documentation list. Follow the documentation list closely, noting the length of time the application form, Certificates of Professional Conduct/Standing and reference forms are valid.
- It is recommended you apply **at least six weeks in advance of your starting date**. However, if additional documentation (e.g. legal documents) or an assessment of skills and knowledge is required, the application process will take longer.
- Supporting documentation is to be forwarded directly to the College of Physicians and Surgeons of Nova Scotia.
- Applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. The months of May to July and November to January are peak periods.
- You have been provided with a username and password to access the College's **Application Documentation Status (ADS)** tracking system. Be sure to advise the College if you change your e-mail address. The ADS tracking system will provide you with a contact coordinator 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 tracking system will also provide you with the expiry date(s) for the application form, Certificates of Standing/Professional Conduct and reference forms. The ADS tracking system is updated as documents are received in the office and reviewed.
- The College will make every effort to register you in time for your planned starting date, but delays outside the College's or your control can occur (e.g., outstanding supporting documents).
- Do not begin practice in Nova Scotia until you have received confirmation from the College that you have been **granted** a licence.
- Applications remaining incomplete or inactive for one year will be considered withdrawn.

Any questions regarding the application process prior to submitting your documentation can be directed to registration@cpsns.ns.ca or (902 422-5823).

Regards,

Registration Department



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

REQUIRED DOCUMENTATION FOR A DEFINED LICENCE

1. APPLICATION FORM

Based on the information provided in your Review of Qualifications you may be eligible for a Defined Licence with the College of Physicians and Surgeons of Nova Scotia (the College). Please return to physiciansapply.ca and complete the remainder of the application form. An application will be valid with this College for six (6) months from the date of the original application. 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.

2. DOCUMENTATION FEE

The documentation fee is payable upon completion of the Background questions through physiciansapply.ca. The documentation fee is a non-refundable fee.

Please refer to the College's Fee Schedule for the current documentation fee.

3. 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, sign the back of the photograph.
- Submit your photograph directly to the College.

4. IDENTIFICATION

Provide one of the following valid photo identification:

- Passport
- Permanent Resident card
- Drivers licence

5. Letter of Intent

Indicate the following:

- The date you expect to start practicing or training in Nova Scotia;
- Your scope of practice or training (e.g. family medicine, cardiology)
- Office or Hospital address, telephone and fax numbers **in Nova Scotia**
- Home address, telephone and fax numbers **in Nova Scotia**

6. CURRICULUM VITAE

Your curriculum vitae or resume must be current and provide the information listed below.

- 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, ECFMG, American Board of Medical Specialists, Certificate of Specialty Training

Please do not include publications and awards on your curriculum vitae.

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

7. BREAKS OR GAPS IN TRAINING OR PRACTICE

Breaks or gaps in postgraduate training or medical practice of three or more continuous months must be accounted for when making application for registration with the College. Any breaks or gaps in training or practice for immigration purposes must also be declared. Breaks or gaps are to be declared on the declaration form provided.

On the enclosed declaration form list:

- Any period of time since graduation from medical school where you have not trained or practised for three (3) or more continuous months;
- Any break or gap of one (1) month or more for health leave.

Return the completed declaration form with your application package.

8. WORK AUTHORIZATION

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

9. ENGLISH LANGUAGE PROFICIENCY

Applicants must meet the English language requirement as outlined in the policy [English Language Proficiency](#).

10. MEDICAL DEGREE

Confirmation of your medical degree can be provided in one of the following ways:

- If you have submitted your medical degree to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia, **or**
- Submitting directly to the College a copy of your medical degree **certified by a notary public or commissioner of oaths, or**

- Presenting the original document in the College office. A photocopy will be made at that time.

For medical degrees issued from outside Canada, if your degree is not in English, you must also provide an original official notarized translation. See [Translation of Documents](#).

11. 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)
- Medical Council of Canada Qualifying Examination – Part I (MCCQE-1)
- Medical Council of Canada Qualifying Examination – Part II (LMCC)
- United States Medical Licensing Examination (USMLE) – Steps 1, 2 and 3
- Federation Licensing Examination (FLEX)
- National Board of Medical Examiners of the United States (NBME US)
- Comprehensive Osteopathic Medical Licensing Examination (COMLEX) – Levels 1, 2 and 3

Confirmation can be provided in one of the following ways:

- 1) If you have taken one of the Medical Council of Canada exams, your exam results should be provided on your application form by physiciansapply.ca; or
- 2) Provide a notarized true copy of your certificate **certified by a notary public or commissioner of oaths**; or
- 3) Present the original in the College office and a photocopy will be made at that time.

12. 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](#).

13. SPECIALTY CERTIFICATION

Provide any certificates or diplomas of specialty status (e.g. Royal College of Physicians and Surgeons of Canada, American Board of Medical Specialists, Certificate of Specialty Training).

Specialty certificates or diplomas are to be provided in one of the following ways:

- If you have submitted your specialty certificates to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia, or
- Submitting a **certified copy by a notary public or commissioner of oaths**, or
- Present the original in the College office and a photocopy will be made at that time.

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

14. EVIDENCE OF PROFESSIONAL CONDUCT

You will need to make arrangements for a Certificate of Professional Conduct from **all** regulatory authorities in whose jurisdiction you currently hold or have ever held **any type** of licence or registration in the previous 10 years*. Please note the following:

- A Certificate of Professional Conduct from the regulatory authority 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 require your Nova Scotia licence for July 1st then the certificate should be dated within the 45 days prior to July 1).**
- A Certificate of Professional Conduct must be received **directly** from the licensing authority issuing the certificate. We will not accept a certificate that has been provided to you by the licensing authority.
- Most regulatory authorities charge a fee for Certificates of Professional Conduct.
- A copy of your licence or registration certificate where you have held a licence is **not** evidence of professional conduct and will **not** be accepted.
- If you currently hold a Postgraduate Training Licence in Nova Scotia, you do **not** need to contact us for a Certificate of Professional Conduct.

***Additional information may be requested at the discretion of the Registrar.**

12. REFERENCES

Do not arrange for references 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 **three (3)** reference form(s) and forward to the appropriate referee(s).
- The referee is required to complete the form and forward it directly to the College. Fax, e-mail or regular mail will be accepted.
- All reference forms are to be dated **within the immediate three (3) months prior to a licence being granted in Nova Scotia.**

All reference forms are to be submitted in English.

13. SPONSORSHIP AND SUPERVISION

All applicants for a Defined Licence must have a Sponsor and a Supervisor. The sponsor must submit a letter to the College putting forward the name of a supervisor for the College's approval. Physicians holding a Defined Licence are responsible for the cost of supervision.

Information on supervision can be found at [Defined Licence](#).

14. SOURCE 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.

15. CRIMINAL RECORD SCREENING

You are required to undergo a criminal record check from each country / state in which you have lived, trained or practised medicine since the age of majority.

The College will only accept criminal record check reports directly from CSI Screening Inc. Requests for criminal record checks must be made directly to CSI Screening Inc. (<http://www.csiscreening.com/>) and can be done electronically. CSI Screening provides Canadian criminal records checks within 24 hours, through a contract with Canadian Police Providers. CSI is also able to conduct US and international criminal records checks. CSI provides completed reports directly to the College.

A completed criminal record check does not ensure that registration/licensure will be granted. Positive findings will be considered for further action by the College based on criteria including:

- The date of the conviction;
- The number of convictions;
- The nature and seriousness of the offences;
- The relevance of the details of the offence to the practice of medicine.

Criminal record checks must be requested under all names you have used.

A criminal record check report must be dated within six months prior to the date registration/license is issued. The timelines for receipt of international criminal record check reports can vary depending on the country. Your application will not be considered finalized until the College has received a report from CSI Screening Inc.

The cost of conducting a criminal record check varies from country to country and is your responsibility.

Additional information may be required at the discretion of the Registrar.

16. 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>).

17. CONTINUING PROFESSIONAL DEVELOPMENT

You are required to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) Mainpro+ Program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) Program.

If you are currently enrolled with either Mainpro+ or MOC, please complete and return the enclosed Information and Consent form directly to this College.

If you are not currently enrolled with the CFPC or the Royal College, there are two (2) options:

- a) Become a member of the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (Royal College). Participation in either Mainpro+ or MOC is a part of membership in these programs; **OR**
- b) The CFPC and the Royal College both have non-member CPD streams that will enable physicians to meet the requirements of continuing professional development.

More information on these programs can be found at the following links:

[The College of Family Physicians of Canada Maintenance of Proficiency Program \(Mainpro+\)](#)

[Royal College of Physicians and Surgeons of Canada \(Royal College\) Maintenance of Competence \(MOC\) Program](#)

18. COMPLIANCE WITH POLICIES AND GUIDELINES

The College of Physicians and Surgeons of Nova Scotia develops policies and guidelines which can be found on the College's website.

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.

Physicians obtaining a licence in Nova Scotia are required to sign the enclosed declaration that they agree to review and comply with College policies and guidelines for physicians. Note that the College's investigations committees routinely refer to these guidelines and policies when investigating complaints about physicians.

19. 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.

ADDITIONAL INFORMATION

1. REGISTRATION AND ANNUAL LICENCE FEES

Prior to registration being granted you will need to submit the following fees directly to the College of Physicians and Surgeons of Nova Scotia:

- Registration fee, and
- Appropriate annual licence fee

The College does not prorate fees with the exception of the annual licence fee. Physicians obtaining a licence July 1 to December 31 pay only half the annual licence fee. Please refer to the College's Fee Schedule for the current fees.

Payment of these fees is made directly to the College and can be paid by cheque or credit card (Visa or Master Card).

2. INTERVIEW

All applicants for licensure under the Conditional Register with the College of Physicians and Surgeons of Nova Scotia will be interviewed by Registration staff assigned by the Registrar prior to a licence being granted. Conditions to be placed on a licence will be discussed at the interview.

Applicants for licensure who have been approved for any other type of licence may be required to attend for an interview at the discretion of the Registrar.

3. SERVICE PROVIDER (BILLING) NUMBER

Obtaining a Nova Scotia licence does not automatically provide or ensure a physician a billing number with Medical Services Insurance (MSI). For information on billing numbers please contact MSI directly by e-mail msiproviders@medavie.ca or phone 902-496-7011; (toll free) 1-866-553-0585. Information is also available on MSI's website at www.medavie.bluecross.ca/msiprograms under **Physician Registration**.

4. NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM

The *Prescription Monitoring Act* and Regulations established a prescription monitoring program to promote the appropriate use of monitored drugs in Nova Scotia and to reduce the abuse or misuse of monitored drugs in the province. The legislation also established a Prescription Monitoring Board to develop and operate the Nova Scotia Prescription Monitoring Program.

Approved prescription pads are necessary for all physicians who will be prescribing monitored drugs. These pads will only be issued to prescribers who are registered with the Nova Scotia Prescription Monitoring Program. There is no charge for the prescription pads. For information regarding this program please visit the Nova Scotia Prescription Monitoring Program website at www.nspmp.ca.

5. DOCTORS NOVA SCOTIA

Physicians licensed in Nova Scotia are required to pay annual dues to Doctors Nova Scotia within one month of obtaining a Nova Scotia licence. Applications for membership can be obtained directly from [Doctors Nova Scotia](#).



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. Please 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)

Location: _____

City/Province/Country

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.



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. Please 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)

Location: _____

City/Province/Country

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.



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. Please 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)

Location: _____

City/Province/Country

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.



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
www.cpsns.ns.ca

Credit Card Payment Information

College of Physicians and Surgeons of Nova Scotia fees can be paid in the following ways:

- Cheque or money order
- Cash (if paying in person)
- Credit Card (VISA and Master Card only)
- Visa Debit

** Cheques returned by the bank for non-processing will be charged an administration fee. Replacement payments must be made by money order, certified cheque or cash and include the administration fee. Refer to the College's website for the fee schedule.*

IF YOU ARE PAYING BY CREDIT OR DEBIT CARD, PLEASE COMPLETE AND SUBMIT THE FOLLOWING FORM:

VISA
 VISA DEBIT
 MASTERCARD
 Amount of Payment: \$ _____

Credit Card Number: _____ Expiry: _____

Cardholder's name as it appears on the card: _____
(please print)

Signature of Cardholder: _____

Please indicate who this payment is for if not for the card holder _____

FOR OFFICE USE ONLY: Physician Other

Received by: _____ Date: _____ For: _____

Processed by: _____ Date: _____

Receipt issued by: _____ Date: _____ Receipt # _____

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



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
www.cpsns.ns.ca

Continuing Professional Development (CPD) Program Information

Introduction

A commitment to maintaining and enhancing competence and practice performance is a pillar of medical professional self-regulation. The College of Physicians and Surgeons of Nova Scotia (the College) requires its members to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) MAINPRO program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) program. For physicians located in the United States, the College requires participation in an American continuing professional development program.

Name: _____ CPSNS Licence # _____
(Please print)

In which of the following continuing professional development programs do you currently participate?

College of Family Physicians of Canada MAINPRO Program

CFPC ID # _____

MAINPRO Cycle information:

Cycle Start: _____ (month/year) Cycle End: _____ (month/year)

Royal College of Physicians and Surgeons of Canada MOC Program

Royal College ID # _____

MOC Cycle information:

Cycle Start: _____ (month/year) Cycle End: _____ (month/year)

American Continuing Professional Development Program

Program ID # _____

Program Name: _____

Mailing Address: _____

Telephone Number: _____

Email: _____

Cycle information:

Cycle Start: _____(month/year)

Cycle End: _____(month/year)

Consent

By signing below, I provide formal consent to the College of Physicians and Surgeons of Nova Scotia to exchange information with the respective certifying college (CFPC or Royal College or American CPD program (insert name; _____)). This information pertains solely to my participation in the professional development program. (Further information about this consent is attached.)

Signature

Date

Please return this form by fax to (902) 422-5035 or by e-mail at registration@cpsns.ns.ca.



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
www.cpsns.ns.ca

Information on Consent to Exchange Information with the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada on Continuing Professional Development (CPD)

Introduction

A commitment to maintaining and enhancing competence and practice performance is a pillar of medical professional self-regulation. The College of Physicians and Surgeons of Nova Scotia (the College) requires its members to participate in the continuing professional development programs of either the College of Family Physicians of Canada (CFPC) MAINPRO program or the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) program.

College of Family Physicians of Canada (CFPC) MAINPRO Program

If you are enrolled in the College of Family Physicians of Canada (CFPC) MAINPRO program, or if you will be enrolling, your consent authorizes the CFPC to provide any information relevant to your participation in the MAINPRO program, and any information that the College of Physicians and Surgeons of Nova Scotia may request pertaining to your participation in the MAINPRO program. This authorization will continue unless you revoke it in writing.

Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Competence (MOC) Program

If you are enrolled with the Royal College of Physicians and Surgeons of Canada (Royal College) Maintenance of Certification (MOC) program or you will be enrolling, your consent authorizes the Royal College to provide any information relevant to your participation in the MOC program, and any information that the College of Physicians and Surgeons of Nova Scotia may request pertaining to your participation in the MOC program. This authorization will continue unless you revoke it in writing.

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.

Licenseses 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, 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
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
www.cpsns.ns.ca

DECLARATION TO ACCOUNT FOR BREAKS OR GAPS IN TRAINING OR PRACTISE HISTORY

Instructions to applicant:

- Use this form to declare and account for all periods, since graduation from medical school, during which you did not practise medicine either as a postgraduate clinical trainee or as a clinical practitioner in any capacity.
- Declare only those periods of time where you have not trained or practised for three or more continuous months; or if you have had a break of one month or longer for personal health reasons
- Enclose the completed declaration with your application package and forward it to the College's Registration Department.
- If you have **not** had any breaks in your training/practice you do **not** need to complete this form.

Applicant's declaration:

I ceased postgraduate training / practising medicine for three or more continuous months

I have had a break of one month or longer for personal health reasons

Dates (mm/yyyy to mm/yyyy)

Reason for break (explain why you took a break, e.g. maternity leave, medical leave, immigration – attach additional pages if necessary)

I make this declaration conscientiously believing it to be true, and knowing that it is the same legal force and effect as if made under oath.

Applicant's signature

Print name

Date



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

www.cpsns.ns.ca

Compliance with College of Physicians and Surgeons of Nova Scotia Policies and Guidelines

As a physician applying for licensure with the College of Physicians and Surgeons of Nova Scotia I agree to the following:

- To review and comply with the College of Physicians and Surgeons of Nova Scotia (the College) physician policies and guidelines.

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.

The College's investigations committees routinely refer to these guidelines and policies, as well as the Canadian Medical Association's Code of Ethics, when investigating complaints about physicians.

- To review and comply with new and revised policies and guidelines as they are released.
- To review and practise medicine in accordance with the Canadian Medical Association Code of Ethics, which has been endorsed by the College.
- 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 practise in accordance with the College's Medical Practitioners Regulations.

Signature of Applicant

Date



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 5005 -- 7071 Bayers Road

Halifax, Nova Scotia

Canada B3L 2C2

Phone: (902) 422-5823 Toll-free: 1-877-282-7767

Fax: (902) 422-5035

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

Clinical Assistant Licence – Basic Requirements

Clinical assistants are employed with the QEII Health Sciences Centre and the IWK Health Centre. They assist in the provision of care under the supervision of a fully licensed physician on the active staff of the institution who is directly responsible for the care provided by the clinical assistants. A clinical assistant is not an independent practitioner but acts in the role of physician extender in the hospital environment.

The basic requirements for a Clinical Assistant Licence with the College of Physicians and Surgeons of Nova Scotia are as follows:

- Be a graduate in medicine from a university or school that meets criteria approved by the Council of the College;
- Have acquired two (2) years postgraduate training and one (1) year licensed practice experience; **OR** one (1) year post graduate training and two (2) years licensed practice experience;
- Have at least six (6) months of continuous independent practice experience or training within the last five (5) years. Practice experience as a clinical assistant in another Canadian jurisdiction where such a program exists and is sanctioned by the provincial or territorial medical regulatory authority or verifiable postgraduate training may be considered in lieu of independent practice for determination of currency at the discretion of the Registrar;
- Hold a valid work permit, permanent resident status or Canadian citizenship;
- Have the Medical Council of Canada Qualifying Examination – Part I (MCCQE1); **AND**
- Have a ‘pass’ standing in either:
 - a) Medical Council of Canada Qualifying Examination - Part II (LMCC); **OR**
 - b) National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE);
- Meet the English Language Proficiency standards of the College;
- Comply with any requirements considered necessary by Council.

For further information refer to the College’s [Clinical Assistant Program](#) and the [Medical Practitioners Regulations](#)



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

www.cpsns.ns.ca

Clinical Assistant Licence Guide

Contents

- Clinical Assistant Licence Basic Requirements
- Contents List
- Application Process
- Required Documentation List
- Reference forms (3)
- [Fee Schedule](#)
- Credit Card Payment form
- MINC Consent form
- Declaration for Breaks / Gaps in Practice form
- Declaration for Compliance with Policies and Guidelines form
- Credentials Source Verification Agreement form

The College recommends that you review the following policies:

- [Clinical Assistant Licence](#)
- [Clinical Assistant Program](#)
- [English Language Proficiency Policy](#)
- [Medical Practitioners Regulations](#)
- [Medical Act of Nova Scotia](#)
- [Original Documentation Policy](#)
- [Registration Documentation Expiry Policy](#)

Dear Applicant:

This is an application package for registration with the College of Physicians and Surgeons of Nova Scotia (College). Please ensure that you meet the requirements for this licence before you submit any supporting documents.

Please note the following:

- You are responsible for completing all requirements as set out in the documentation list. Follow the documentation list closely, noting the length of time the application form, Certificates of Professional Conduct/Standing and reference forms are valid.
- It is recommended you apply **at least six weeks in advance of your starting date**. However, if additional documentation (e.g. legal documents) or an assessment of skills and knowledge is required, the application process will take longer.
- Supporting documentation is to be forwarded directly to the College of Physicians and Surgeons of Nova Scotia.
- Applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. The months of May to July and November to January are peak periods.
- You have been provided with a username and password to access the College's **Application Documentation Status (ADS)** tracking system. Be sure to advise the College if you change your e-mail address. The ADS tracking system will provide you with a contact coordinator 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 tracking system will also provide you with the expiry date(s) for the application form, Certificates of Standing/Professional Conduct and reference forms. The ADS tracking system is updated as documents are received in the office and reviewed.
- The College will make every effort to register you in time for your planned starting date, but delays outside the College's or your control can occur (e.g., outstanding supporting documents).
- Do not begin practice in Nova Scotia until you have received confirmation from the College that you have been **granted** a licence.
- Applications remaining incomplete or inactive for one year will be considered withdrawn.

Any questions regarding the application process prior to submitting your documentation can be directed to registration@cpsns.ns.ca or (902 422-5823).

Regards,

Registration Department



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

REQUIRED DOCUMENTATION FOR A CLINICAL ASSISTANT LICENCE

1. APPLICATION FORM

Based on the information provided in your Review of Qualifications you may be eligible for a Defined Licence with the College of Physicians and Surgeons of Nova Scotia (the College). Please return to **physiciansapply.ca** and complete the remainder of the application form. An application will be valid with this College for six (6) months from the date of the original application. 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.

2. DOCUMENTATION FEE

The documentation fee is payable upon completion of the application form through physiciansapply.ca. and a receipt will be issued by the Medical Council of Canada. The documentation fee is a non-refundable fee. Please refer to the College's Fee Schedule for the current documentation fee.

3. 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.
- Submit the photograph directly to the College.

4. IDENTIFICATION

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

- Passport
- Permanent Resident card
- Drivers licence

5. Letter of Intent

Please include a separate letter indicating the following:

- The date you expect to start practising/training in Nova Scotia;
- Your scope of practice/training (e.g. family medicine, cardiology)
- Office/Hospital address, telephone and fax numbers **in Nova Scotia**
- Home address, telephone and fax numbers **in Nova Scotia**

6. CURRICULUM VITAE

Your curriculum vitae (CV/resume) should be current and provide the information listed below.

- 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, ECFMG, American Board of Medical Specialists, Certificate of Specialty Training

Do not 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.

7. BREAKS OR GAPS IN TRAINING OR PRACTICE

Breaks or gaps in postgraduate training or medical practice of three or more continuous months must be accounted for when making application for registration with the College. Any breaks or gaps in training or practice for immigration purposes must also be declared. Breaks or gaps are to be declared on the declaration form provided.

On the enclosed declaration form list:

- Any period of time since graduation from medical school where you have not trained or practised for three (3) or more continuous months;
- Any break or gap of one (1) month or more for health leave.

Return the completed declaration form with your application package.

8. 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.

9. ENGLISH LANGUAGE REQUIREMENT

Applicants must meet the English language requirement as outlined in the policy [English Language Proficiency](#). Documented evidence of English language testing must be provided where applicable.

10. MEDICAL DEGREE/DIPLOMA

Confirmation of your medical degree can be provided in one of the following ways:

- If you have submitted your medical degree to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia, **or**
- Submitting directly to the College a copy of your medical degree **certified by a notary public or commissioner of oaths**, or
- Presenting the original document in the College office. A photocopy will be made at that time.

For medical degrees issued from outside Canada, if your degree is not in English, you must also provide an original official notarized translation. See [Translation of Documents](#).

11. MEDICAL COUNCIL OF CANADA EXAMINATIONS

Confirmation of a least one of the following will be required for your application:

- Medical Council of Canada Qualifying Examination – Part I (MCCQE Part I)
- Medical Council of Canada Qualifying Examination – Part II (MCCQE Part II) (LMCC)
- Medical Council of Canada National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE) (if you do not have the LMCC)

Confirmation of the above can be provided in one of the following ways:

- If you have the Medical Council of Canada Qualifying Examination – Part I or Part II, the information should be prepopulated on your application for medical registration in Canada; **or**
- Submit an original notarized copy of your exam results or LMCC certificate, **certified by a notary public or commissioner of oaths; or**
- Present the original documents in the College office. A photocopy will be made at that time.

12. 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](#).

13. EVIDENCE OF PROFESSIONAL CONDUCT

You will need to make arrangements for a Certificate of Professional Conduct from **all** regulatory authorities in whose jurisdiction you currently hold or have ever held **any type** of licence or registration in the previous 10 years*. Please note the following:

- A Certificate of Professional Conduct from the regulatory authority 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 require your Nova Scotia licence for July 1st then the certificate should be dated within the 45 days prior to July 1).**
- A Certificate of Professional Conduct must be received **directly** from the licensing authority issuing the certificate. We will not accept a certificate that has been provided to you by the licensing authority.
- Most regulatory authorities charge a fee for Certificates of Professional Conduct.

- A copy of your licence or registration certificate where you have held a licence is **not** evidence of professional conduct and will **not** be accepted.
- If you currently hold a Postgraduate Training Licence in Nova Scotia, you do **not** need to contact us for a Certificate of Professional Conduct.

***Additional information may be requested at the discretion of the Registrar.**

12. REFERENCES

Once your application and documents have been reviewed, **the College will then let you know through the Application Documentation Status (ADS) tracking system where you should forward your reference forms.**

- Upon notification from the College, complete and sign the applicant portion of the **three (3)** reference forms and forward to the appropriate referees.
- The referee is required to forward the completed form and accompanying letter (if applicable) directly to the College. Fax, e-mail or regular mail will be accepted.
- All reference forms are to be dated **within the immediate three (3) months prior to a licence being granted in Nova Scotia.**

Applicants who have completed postgraduate or fellowship training within the last three (3) years will be required to obtain a reference from their program director(s). **However, please wait until you view the ADS tracking system for confirmation.**

All reference forms are to be submitted in English.

13. SPONSORSHIP AND SUPERVISION

All applicants for a Clinical Assistant Licence must have a sponsor and a supervisor. The sponsor must submit a letter to the College putting forward the name of a supervisor for the College's approval. A letter is also required from the supervising physician. Please refer to the following policy for more information: [Clinical Assistant Program](#).

14. SOURCE 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.

15. CRIMINAL RECORD SCREENING

You are required to undergo a criminal record check from each country / state in which you have lived, trained or practised medicine since the age of majority.

The College will only accept criminal record check reports directly from CSI Screening Inc. Requests for criminal record checks must be made directly to CSI Screening Inc. (<http://www.csiscreening.com/>) and can be done electronically. CSI Screening provides Canadian criminal records checks within 24 hours, through a contract with Canadian Police Providers. CSI is also able to conduct US and international criminal records checks. CSI provides completed reports directly to the College.

A completed criminal record check does not ensure that registration/licensure will be granted. Positive findings will be considered for further action by the College based on criteria including:

- The date of the conviction;
- The number of convictions;
- The nature and seriousness of the offences;
- The relevance of the details of the offence to the practice of medicine.

Criminal record checks must be requested under all names you have used.

A criminal record check report must be dated within six months prior to the date registration/license is issued. The timelines for receipt of international criminal record check reports can vary depending on the country. Your application will not be considered finalized until the College has received a report from CSI Screening Inc.

The cost of conducting a criminal record check varies from country to country and is your responsibility.

Additional information may be required at the discretion of the Registrar.

16. 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>).

17. CONTINUING PROFESSIONAL DEVELOPMENT

You are required to participate in a minimum of 50 hours per year of continuing professional development (CPD). Clinical assistants are provided with the opportunity to attend clinical rounds and other educational sessions as their clinical responsibilities permit. Confirmation of participation in CPD will be required from your program director each year prior to annual licence renewal.

18. COMPLIANCE WITH POLICIES AND GUIDELINES

The College of Physicians and Surgeons of Nova Scotia develops policies and guidelines which can be found on the College's website.

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.

Physicians obtaining a licence in Nova Scotia are required to sign the enclosed declaration that they agree to review and comply with College policies and guidelines for physicians. Note that the College's investigations committees routinely refer to these guidelines and policies when investigating complaints about physicians.

19. 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.

ADDITIONAL INFORMATION

1. REGISTRATION AND ANNUAL LICENCE FEES

Prior to registration being granted you will need to submit the following fees directly to the College of Physicians and Surgeons of Nova Scotia:

- Registration fee, and
- Appropriate annual licence fee

The College does not prorate fees with the exception of the annual licence fee. Physicians obtaining a licence July 1 to December 31 pay only half the annual licence fee. Please refer to the College's Fee Schedule for the current fees.

Payment of these fees is made directly to the College and can be paid by cheque or credit card (Visa or MasterCard).

2. INTERVIEW

All applicants for licensure under the Conditional Register with the College of Physicians and Surgeons of Nova Scotia, excluding applicants for licensure under the Education Register, will be interviewed by Registration staff assigned by the Registrar prior to a licence being granted. Conditions to be placed on a licence will be discussed at the interview.

Applicants for licensure who have been approved for any other type of licence may be required to attend for an interview at the discretion of the Registrar.

3. SERVICE PROVIDER (BILLING) NUMBER

Obtaining a Nova Scotia licence does not automatically provide or ensure a physician a billing number with Medical Services Insurance (MSI). For information on billing numbers please contact MSI directly by e-mail msiproviders@medavie.ca or phone 902-496-7011; (toll free) 1-866-553-0585. Information is also available on MSI's website at www.medavie.bluecross.ca/msiprograms under **Physician Registration**.

4. NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM

The *Prescription Monitoring Act* and Regulations established a prescription monitoring program to promote the appropriate use of monitored drugs in Nova Scotia and to reduce the abuse or misuse of monitored drugs in the province. The legislation also established a Prescription Monitoring Board to develop and operate the Nova Scotia Prescription Monitoring Program.

Approved prescription pads are necessary for all physicians who will be prescribing monitored drugs. These pads will only be issued to prescribers who are registered with the Nova Scotia Prescription Monitoring Program. There is no charge for the prescription pads. For information regarding this program please visit the Nova Scotia Prescription Monitoring Program website at www.nspmp.ca.

5. DOCTORS NOVA SCOTIA

Physicians licensed in Nova Scotia are required to pay annual dues to Doctors Nova Scotia (within one month of obtaining a Nova Scotia licence. Applications for membership can be obtained directly from [Doctors Nova Scotia](http://DoctorsNovaScotia).



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.



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.



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.

Credit Card Payment Information

College of Physicians and Surgeons of Nova Scotia fees can be paid in the following ways:

- Cheque or money order
- Cash (if paying in person)
- Credit Card (VISA and Master Card only)
- Visa Debit

** Cheques returned by the bank for non-processing will be charged an administration fee. Replacement payments must be made by money order, certified cheque or cash and include the administration fee. Refer to the College's website for the fee schedule.*

IF YOU ARE PAYING BY CREDIT OR DEBIT CARD, PLEASE COMPLETE AND SUBMIT THE FOLLOWING FORM:

VISA
 VISA DEBIT
 MASTERCARD
 Amount of Payment: \$ _____

Credit Card Number: _____ Expiry: _____

Cardholder's name as it appears on the card: _____
(please print)

Signature of Cardholder: _____

Please indicate who this payment is for if not for the card holder _____

FOR OFFICE USE ONLY: Physician Other

Received by: _____ Date: _____ For: _____

Processed by: _____ Date: _____

Receipt issued by: _____ Date: _____ Receipt # _____

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

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.

Licenseses 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, 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
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

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
www.cpsns.ns.ca

DECLARATION TO ACCOUNT FOR BREAKS OR GAPS IN TRAINING OR PRACTISE HISTORY

Instructions to applicant:

- Use this form to declare and account for all periods, since graduation from medical school, during which you did not practise medicine either as a postgraduate clinical trainee or as a clinical practitioner in any capacity.
- Declare only those periods of time where you have not trained or practised for three or more continuous months; or if you have had a break of one month or longer for personal health reasons
- Enclose the completed declaration with your application package and forward it to the College's Registration Department.
- If you have **not** had any breaks in your training/practice you do **not** need to complete this form.

Applicant's declaration:

I ceased postgraduate training / practising medicine for three or more continuous months

I have had a break of one month or longer for personal health reasons

Dates (mm/yyyy to mm/yyyy)

Reason for break (explain why you took a break, e.g. maternity leave, medical leave, immigration – attach additional pages if necessary)

I make this declaration conscientiously believing it to be true, and knowing that it is the same legal force and effect as if made under oath.

Applicant's signature

Print name

Date



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

www.cpsns.ns.ca

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.

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



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 5005 -- 7071 Bayers Road

Halifax, Nova Scotia

Canada B3L 2C2

Phone: (902) 422-5823 Toll-free: 1-877-282-7767

Fax: (902) 422-5035

E-mail registration@cpsns.ns.ca

www.cpsns.ns.ca

Clinical Observership Permit Application Package

Physicians not otherwise licensed to practise medicine in Nova Scotia may apply for an observership permit under which they may observe, learn and gain insight into the practise of medicine in Nova Scotia.

As a clinical observer, physicians will interact with patients and will have access to personal patient information. The physician must possess qualifications and meet standards acceptable to the College of Physicians and Surgeons of Nova Scotia. Therefore, a permit with the College of Physicians and Surgeons of Nova Scotia is required.

Please note that a clinical observer permit is not a licence to practise medicine. Clinical observers must function under the direct supervision of a College-approved Supervisor at all times.

Participating in a clinical observership is not considered training or work experience and will not be considered when assessing eligibility for a license to practise medicine in Nova Scotia.



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

Clinical Observer Permit Application Package

Contents

- Basic Requirements
- Application Process
- Required Documentation
- Application form
- Sponsor Agreement form
- [Fee Schedule](#)
- Credit card payment form
- Credentials Source Verification Agreement form

The College recommends that you review the following policies:

- [Clinical Observers Policy](#)
- [Original Documentation Policy](#)
- [Registration Documentation Expiry Policy](#)
- [Medical Act of Nova Scotia](#)
- [Medical Practitioners Regulations](#)

DEAR APPLICANT:

Enclosed is an application package for a **clinical observer permit** with the College of Physicians and Surgeons of Nova Scotia (the College). You are required to have a permit in order to do a clinical observership in a hospital or office setting. There may be situations where additional documentation may be required other than the documents that are listed in this package.

Please note the following:

- 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 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) or an assessment of skills and knowledge is required, the application process will take longer.
- Mail or courier your application, documentation 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 Professional Conduct and reference forms. Generally the ADS website is updated on a daily basis and can be accessed by the applicant 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 an observership in Nova Scotia until you have received confirmation from the College that a permit has been issued for you.
- Generally, applications remaining incomplete or inactive for more than one year will be considered withdrawn.

The College looks forward to receiving your application for a clinical observer permit in Nova Scotia. Should you have any questions regarding application procedures prior to submitting an application, please contact the Registration Department at 902-422-5823 or by e-mail at registration@cpsns.ns.ca.

Regards,

Registration Department



REQUIRED DOCUMENTATION

1. COMPLETION OF APPLICATION FORM

Please 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 “yes” answers.** Such information is treated as confidential by the College of Physicians and Surgeons of Nova Scotia. Applications must be witnessed and contact information for the witness provided. Application forms not witnessed will be returned to the applicant, which may slow down the application process.

An application for registration is valid for six (6) months from the date of signing. If an applicant has not obtained licensure within six months from the date of the original application, a new application must be submitted. There is no need to re-submit documents provided with your initial application unless you have been advised by the College that certain documents have expired (e.g. Certificate of Standing / 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. LETTER OF INTENT

Please include a separate letter indicating the following:

- The date you expect to start an observership in Nova Scotia
- Your scope of practice (eg. family medicine, cardiology)
- Office (or hospital) address, telephone and fax numbers in Nova Scotia
- Home address, telephone and fax numbers in 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

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

6. MEDICAL DEGREE/DIPLOMA

Confirmation of your medical degree can be provided in one of the following ways:

- If you have submitted your medical degree to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia, **or**
- Submitting directly to the College a copy of your medical degree **certified by a notary public or commissioner of oaths, or**
- Presenting the original document in the College office. A photocopy will be made at that time.

For medical degrees issued from outside Canada, if your degree is not in English, you must also provide an original official notarized translation. See [Translation of Documents](#).

7. MEDICAL COUNCIL OF CANADA EXAMINATIONS

If you hold any of the Medical Council of Canada examinations, a copy of your exam results or LMCC certificate is required for your application. This can be provided in one of the following ways:

- by “sharing” those documents on your physiciansapply.ca account with the College of Physicians and Surgeons of Nova Scotia, **or**
- a notarized true copy of your LMCC certificate **certified by a notary public or commissioner of oaths, or**
- photocopies of your confirmation from the Medical Council of Canada of your exam results, **or**
- present the originals in the College office. A photocopy will be made at that time.

8. SPONSORSHIP/SUPERVISION AGREEMENT

Clinical observers require supervision by a fully licensed physician. Once you have identified a sponsoring/supervising physician please provide that physician with the enclosed

Sponsorship/Supervision Agreement form and policy regarding observerships. Your sponsor/supervisor will need to review the policy, complete the form and return it to our office prior to an observership permit being issued.

9. CHARACTER REFERENCE

A character reference from a physician in Nova Scotia, acceptable to the Registrar of the College, is required for physicians applying to the College of Physicians and Surgeons of Nova Scotia for an observership permit.

The reference letter must be dated within the immediate three (3) months prior to an observership permit being granted and are to be submitted directly to the College by the referee.

All references are to be submitted in English.

10. CANADIAN CITIZENSHIP / PERMANENT RESIDENT STATUS

Applicants for a Clinical Observer permit are required to provide documented evidence of Canadian Citizenship or Permanent Resident Status.

11. PERMIT FEE

The Permit Fee is to be included with your application package. This is a non-refundable fee regardless of whether your application is incomplete, denied or withdrawn. Please refer to the College's Fee Schedule for the current Clinical Observer fee.

12. SOURCE 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.

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:

<u>Position Held</u>	<u>Discipline</u>	<u>Institution</u>	<u>Country</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 5: Additional Degrees, Diplomas, Certificates or Fellowships

<u>Title of designation</u>	<u>Conferring university, college or board</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

6.5 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.

<u>Licensing Authority/Country</u>	<u>Registration #</u>	<u>Scope of Practice</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 8: Practice Experience

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

<u>Type of Practice</u>	<u>Location</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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

I hereby consent to allow the College of Physicians and Surgeons of Nova Scotia to make such inquiries about me as it considers necessary in connection with my medical registration and licensure.

I further consent to allow the College of Physicians and Surgeons of Nova Scotia to disclose further information about me, including, for example, copies of this form and results of the Medical Council of Canada examinations, to other regulatory authorities, federations of regulatory authorities, health authorities, hospitals and other institutions to which I apply for appointment, privileges or training. This does not include letters of reference which are provided in confidence.

I understand that I am deemed not to have satisfied the requirements and qualifications for registration/licensure if, in connection with this application or past application, I have made a false or misleading representation, either because of what was stated or left unstated and that on that basis, my licence may be revoked.

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:



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

E-mail : registration@cpsns.ns.ca

www.cpsns.ns.ca

**Clinical Observership
Sponsorship/Supervision Agreement**

TO BE COMPLETED BY SPONSORING/SUPERVISING PHYSICIAN

OBSERVER NAME: _____

PLEASE PRINT NAME IN FULL, SURNAME FIRST

SPONSOR NAME: _____

PLEASE PRINT NAME IN FULL, SURNAME FIRST

**MAILING
ADDRESS:** _____

STREET ADDRESS, APT/STE #

CITY/TOWN

PROVINCE

POSTAL CODE

CONTACT PHONE #: _____

EMAIL ADDRESS: _____

SCOPE OF MEDICINE FOR OBSERVERSHIP: _____

LOCATION OF OBSERVERSHIP: _____

ADDRESS: _____

(if different than above)

STREET ADDRESS, APT/STE #

CITY/TOWN

PROVINCE

POSTAL CODE

TIME FRAME FOR OBSERVERSHIP: _____

TO _____

START DATE

STOP DATE

I, Dr. _____, hereby confirm that I have read the policy regarding Clinical Observerships.

Signature

Date



**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
www.cpsns.ns.ca

Credit Card Payment Information

College of Physicians and Surgeons of Nova Scotia fees can be paid in the following ways:

- Cheque or money order
- Cash (if paying in person)
- Credit Card (VISA and Master Card only)
- Visa Debit

** Cheques returned by the bank for non-processing will be charged an administration fee. Replacement payments must be made by money order, certified cheque or cash and include the administration fee. Refer to the College's website for the fee schedule.*

IF YOU ARE PAYING BY CREDIT OR DEBIT CARD, PLEASE COMPLETE AND SUBMIT THE FOLLOWING FORM:

VISA
 VISA DEBIT
 MASTERCARD

Amount of Payment: \$ _____

Credit Card Number: _____ Expiry: _____

Cardholder's name as it appears on the card: _____
(please print)

Signature of Cardholder: _____

Please indicate who this payment is for if not for the card holder _____

FOR OFFICE USE ONLY: Physician Other

Received by: _____ Date: _____ For: _____

Processed by: _____ Date: _____

Receipt issued by: _____ Date: _____ Receipt # _____

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



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

(1) OVERVIEW

Each application for registration and licensure must be processed in accordance with the *Medical Act* (Act) and the Medical Practitioners Regulations (Regulations). It is critical that registration and licensure decisions are defensible by providing a clear path or reasoning to its decisions.

The Act and the Regulations define the requirements for registration and licensure, as well as the applicable processes and procedures.

To ensure the College adheres to criteria and processes established by the Act and Regulations, this guide defines each registration and licensure process as it relates to the applicant, the Registrar, the Internal Review Subcommittee, the Registration Committee, the Registration Appeal Committee and the Reinstatement Committee.

This guide defines the decision-making process for registration and licensure from the initial request of a review of qualifications to all possible avenues available to an applicant. This guide will provide College staff and members of the Internal Review Subcommittee, the Registration Committee, the Registration Appeal Committee and the Reinstatement Committee with the reference materials necessary to make timely and informed decisions on registration and licensure.

The registration and licensure process begins with the request for a **review of qualifications** from an applicant. A Registration Coordinator will deem the review of qualifications eligible or ineligible to proceed with the application process. An applicant can appeal an ineligible decision by proceeding with the applicant process.

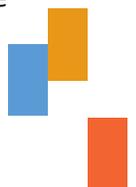
Upon receipt of an application, the application will be reviewed by a Registration Coordinator who will either deem the application eligible or ineligible for a licence, or refer the application to the Registrar.

The **Registrar** may:

- approve the application and grant a licence, with or without conditions;
- deny the application and advise the applicant of the internal review process;
- order a competency assessment; or
- refer the application to the Registration Committee based on concerns regarding capacity, competence, or character (Regulation 14) or credentials (Regulation 19).

Decisions of the Registrar may be appealed to the **Internal Review Subcommittee** (Regulation 14, 19, and 65-72). Upon appeal, the Registrar shall provide the Internal Review Subcommittee with all of the information needed to conduct a thorough and fair review of the application. The Internal Review Subcommittee can make any decision the Registrar could have made with respect to any application. The decisions of the Internal Review Subcommittee shall be made within a reasonable time and are final.

Applications involving concerns of capacity, competence, or character (Regulation 14) or credentials (Regulation 19), are referred by the Registrar to the Registration Committee. The Registrar will provide

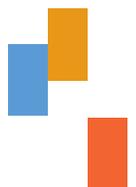


the **Registration Committee** with all of the information needed to conduct a thorough and fair review of the application. The Registration Committee can approve, deny or impose restrictions on an application for licensure. Decisions of the Registration Committee may be appealed to the Registration Appeal Committee.

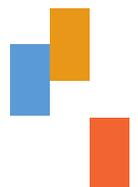
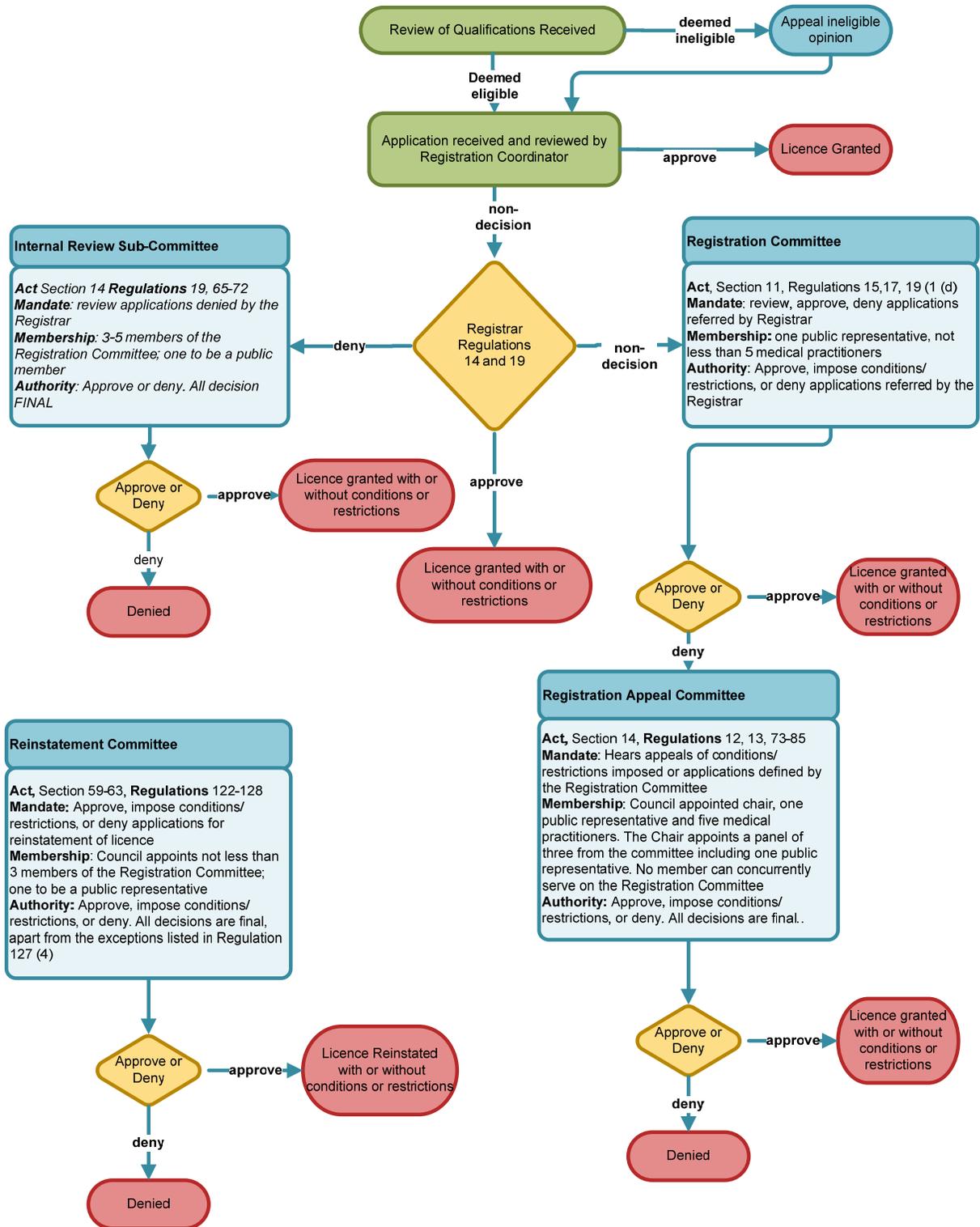
Upon receipt of a request for an appeal of a decision of the Registration Committee (Regulations 12-13 and 73-85), the Registrar will provide the **Registration Appeal Committee** with all the information needed to conduct a thorough and fair review of the request. The Registration Appeal Committee will assess costs or security to be paid or refunded. Decisions of the Registration Appeal Committee will be made within a reasonable time and are final.

Upon receipt of an application for reinstatement following revocation of a licence (Act Sections 59-63 and Regulation 122-128), Council shall appoint a **Reinstatement Committee** and chair. The Registrar will provide the Reinstatement Committee with all of the information needed to conduct a thorough and fair review of the application. The Reinstatement Committee must decide to accept or reject the applicant's reinstatement application and communicate its decision, together with reasons, in writing to the applicant and to the Registrar. The Reinstatement Committee will assess costs and determine if costs will be recovered. In the event a reinstatement application is denied by the Reinstatement Committee, the applicant may resubmit an application no sooner than one (1) year from the date of the Committee's initial decision, or after a period longer as determined by the Reinstatement Committee.

Please refer to the following flowchart for an overview of the registration and licensure process as described above.



(1) OVERVIEW OF REGISTRATION AND LICENSURE PROCESS





Questions for Third Party Organizations

Provide links to policy where possible

1. Do you provide some information about assessment practices to applicants?

The Medical Council of Canada (MCC) administers four examinations: the MCC Evaluating Examination (MCCEE), the MCC Qualifying Examination (QE) Part I and the MCCQE Part II, as well as the National Assessment Collaboration (NAC) Examination. Detailed information relating to each exam, including application and eligibility, scheduling, exam day, preparation resources, scoring, results, reconsiderations and appeals, etc., is posted on the MCC website (mcc.ca) and available to candidates, as follows:

- MCCEE: <http://mcc.ca/examinations/mccee/>
- MCCQE Part I: <http://mcc.ca/examinations/mccqe-part-i/>
- MCCQE Part II: <http://mcc.ca/examinations/mccqe-part-ii/>
- NAC Exam: <http://mcc.ca/examinations/nac-overview/>

Candidates submit their exam applications through their physiciansapply.ca online account. The system takes them through the application process step by step and provides additional information regarding documentation that may be required to be submitted to the MCC offices to complete their application. Candidates also receive messages through their online account regarding next steps, timelines, the status of their application, acceptance of their application, availability of their exam results, etc.

As part of the process for applying to MCC exams, all candidates need to provide proof of obtainment of the medical degree/diploma and of completing 12 months of postgraduate clinical medical training. For international medical graduates, this process involves submitting their final medical degree/diploma and proof of postgraduate training for source verification. International medical candidates may also submit a number of other types of medical credentials for source verification, if they are required by a medical organization in Canada to which they may be applying (more information provided further below). Candidates have access to detailed information on the source verification process at <http://mcc.ca/services/source-verification/>.



2. Explain how you determine the level of credential presented for assessment and describe the criteria that are applied to determine equivalency.

The MCC stores all medical credentials submitted for source verification by candidates in the MCC's Physician Credentials Repository, which has been in operation since July 2007. Over the years, the MCC has amassed a large library of medical credential documents from around the world that have successfully completed the source verification process.

When a candidate submits a medical credential document to the MCC for source verification, an MCC agent will compare that document to others in the library that were issued by the same institution, in the same timeframe. This helps them to determine if the document a candidate has indicated as being their final medical diploma, as an example, is in fact consistent with other medical diplomas issued by that medical school for that year. A similar approach is used for other document types such as postgraduate training, specialty certificate, transcript and practice permit.

The MCC utilizes the services of the Educational Commission for Foreign Medical Graduates (ECFMG) in the U.S. to complete the source verification process. After MCC's internal review of the document, it is sent to ECFMG. Once there, that organization uses its own extensive library of credentials to compare the candidate's credential with other credentials issued by the same institution (such as a medical school). It then sends a request to the issuing institution to confirm that the institution has a record of awarding the credential to the candidate.

Once a credential passes the MCC and ECFMG comparison stages, and the issuing institution confirms that the candidate has been awarded the credential, the document is considered source verified.

MCC personnel meet annually and participate in discussions with two working groups composed of members of the provincial and territorial medical regulatory authorities (MRAs). These working groups are composed of the MRAs' Registrars and/or leadership in their Registration Departments. These individuals are responsible for determining documentary requirements for licensure in their individual jurisdictions.

3. Where registration is not granted, do you provide timely decisions, responses and reasons to applicants within a reasonable time?



When a candidate applies for an MCC exam through their physiciansapply.ca online account, their application may immediately be reviewed and approved by the system if all of the documents and information required for eligibility to the exam are already on the candidate's account. Alternatively, the application may be placed in a work queue to be reviewed by an MCC agent if the system deems that the candidate must submit additional documentation or information to meet the eligibility criteria for the exam in question. In both cases, the candidate is immediately notified of next steps through an automated MCC message in their account.

If the application requires review by an MCC agent, the item will appear in the agent work queue when the required documentation has been received from the candidate and recorded in the system. Document packages are opened and recorded in the candidate's online account within one week of receipt at the MCC offices. Depending on volumes, the turnaround time may be as little as one or two days. Documents are then scanned into the candidate's account, which can take up to one week, again depending on volumes. Candidates are notified through a message in their account when their documents have been received and again when they have been scanned.

The documents are then available in the agent review queue, for review within a two-week period. If, upon agent review, the candidate is deemed to not have submitted the correct documentation, to have made an error in the submission of the documentation, or to not meet eligibility criteria for the exam to which the candidate applied, a detailed message is sent to the candidate in their account. The message will include information regarding why the document has not been accepted and what that candidate must do to rectify the discrepancy, and/or why the documentation submitted does not meet eligibility criteria for the exam and what would be required to satisfy the eligibility criteria.

If a candidate has additional questions, they may reply to our message in their account, send an email to the MCC service desk, call the service desk, or initiate a live chat session with an MCC service agent.

Various teams of MCC agents are assigned to work on the various exams and source verification requests (SVRs). For each exam and for SVRs, the teams of agents pick up items from the work queue on a first-in, first-out basis.

When a candidate has taken an MCC exam, final results on the exam are provided approximately six weeks following the exam session. Candidates receive a message in their online account as soon as their results are available. They can check their results in their account.



4. Do you have an internal review/appeal process?

If a candidate is deemed not eligible for an exam for which he/she has applied based on documentation and information submitted, they have an opportunity to submit additional documentation and information for review before their application is withdrawn.

Once candidates have taken an exam and they receive their results, they may request to have their results reconsidered. Requests for reconsideration may be submitted by candidates within three weeks of the date indicated on their statement of results. Requests for reconsideration are first reviewed by the MCC's Executive Director to determine whether the request for reconsideration will be heard by the Committee that made the initial results decision.

For the MCCQE Parts I and II, the MCC Central Examination Committee (CEC) approves candidate results. For the MCCEE, it is the Evaluating Examination Committee (EEC) and for the NAC exam, the NAC Examination Committee (NEC).

When a candidate has received the reconsideration decision from the CEC, EEC or NEC, as may be the case, he/she may choose to appeal the decision. The request for an appeal may be submitted within 30 days of the date indicated on the committee's reconsideration decision letter.

Appeals are heard by a panel of three or five persons appointed by the Chair of the Appeals Committee. The Chair selects the appeal panel from among members of the Appeals Committee and may, when appropriate, select one person from outside of the Appeals Committee, such as a past or present Member of Council.

Steps for submitting requests for reconsideration and appeals are available to candidates on the MCC website at:

- MCCEE: <http://mcc.ca/examinations/mccee/results/>
- MCCQE Part I: <http://mcc.ca/examinations/mccqe-part-i/results/>
- MCCQE Part II: <http://mcc.ca/examinations/mccqe-part-ii/results/>
- NAC Exam: <http://mcc.ca/examinations/nac-overview/results/>



5. Do you provide training to individuals making assessments, decisions and/or conducting appeals?

MCC agents who review candidate documents and exam eligibility undergo an extensive training process and period. The agents work in teams and consult with each other on files as appropriate. An escalation process is in place that may involve, as needed, escalation to a team leader, a manager, an associate director, a director and the Executive Director.

In making examination results-related decisions, members of MCC examination committees (as identified in the response to question 4 above) are supported by experienced staff in the MCC's Evaluation Bureau (e.g. exam managers) and Psychometrics and Assessment Services (e.g. psychometricians).

In relation to appeal requests, members of the MCC's Appeals Committee receive guidance and support from the MCC's legal counsel.

6. Do you have a policy to ensure that a decision-maker on an internal review / appeal was not involved in making the original decision?

As indicated in our response to question 5 above, candidate files reviewed by MCC agents may be escalated to a team leader, a manager, an associate director, a director and the Executive Director for decision, when the need arises.

Requests for reconsideration of an exam result-related decision made by an MCC examination committee, including any supporting documentation, is first reviewed by the MCC Executive Director to determine whether the request for reconsideration will be heard by the committee. The Executive Director is not a member of the exam committee that rendered the original result-related decision.

A candidate who received a reconsideration decision by the exam committee may choose to appeal the decision. Appeals are heard by the MCC Appeals Committee, which has different membership than that of the exam committees.

7. What is your process regarding access to records related to the assessment of applicants?



Through their physiciansapply.ca online accounts, candidates have access to their full record with the MCC, including their medical credentials, their MCC exam results, the status of their documents and applications, their communications to and from the MCC, etc.

Staff involved in the delivery of candidate and exam services have access to candidates' personal information, including their medical credentials and documentation, as appropriate, for the purposes of delivering the service the candidate has requested. Candidates agree to this access to information by accepting the terms and conditions relating to the service they have requested through their online physiciansapply.ca account. Staff in other departments do not have access to individual candidate records/files. De-identified and/or aggregate data may be used for purposes of statistical analysis.

The MCC Executive Director, who may be called on to refer cases for reconsideration and appeals, does not have access to candidates' personal information.

Medical organizations across Canada who are registered users of the MCC's Physician Credentials Repository, access to which is provided through the physiciansapply.ca organizational portal, can access candidate records (documents and information) only if the candidate has specifically shared this information with a given organization. Document and information sharing by a candidate is done on a per-organization, per-document basis. Candidates can withdraw sharing of their documentation and information at any time. An organization is however notified when a candidate has removed sharing of one or more documents.

In the case of a candidate who has a medical credential document that has failed the source verification process, any organization with which the candidate is sharing any document in the Repository will be notified that the candidate has a document that has failed the verification process, regardless of whether or not the candidate has shared that particular document. Candidates agree to this sharing of information by accepting the exam's terms and conditions at the time of submitting their request. This process was designed in consultation with MCC's legal counsel to ensure protection of the public in instances when irregular or falsified documents are submitted for verification.

While candidate exam results documents themselves are not displayed to an organization unless the candidate shares these documents with the organization in question, candidates' results information is shared with a selected number of organizations in Canada. Candidates agree to this sharing of results information by accepting the exam's terms and conditions at the time of applying for the exam. These organizations include the provincial/territorial medical regulatory authorities (MRAs), the three medical certifying colleges in Canada, and the Canadian Resident Matching Service. For Canadian medical students, results information is also shared with the



undergraduate medical education office in the relevant faculty of medicine. Similarly, for Canadian medical postgraduate trainees, results information is shared with the postgraduate medical education office. Information that may be shared with the aforementioned organizations includes the final result (e.g. pass, fail), the number of failed attempts on the exam, and/or total score on the exam.

Candidates can request to not share their exam results information with these organizations by contacting the MCC within two weeks following the exam date. In the event that a candidate is awarded a standing of Denied on the exam (which may be awarded further to a finding of irregular behaviour in relation to the exam), the Denied standing is reported to the provincial/territorial MRAs regardless of whether or not the candidate has requested to not disclose their exam results. The Denied standing is awarded by the MCC's examination committee. The candidate may request a reconsideration or appeal of the committee's decision (see web links in our answer to question 4 above).

8. Do you have a policy for accommodating individuals with physical or mental disabilities?

Candidates who have a documented disability or special need may be able to receive test accommodations (see <http://mcc.ca/examinations/test-accommodations/>). As appropriate, these are available for all four of the MCC's exams.

The MCC has a dedicated Candidate Affairs Program Officer to oversee the test accommodation request, review and approval process. The Officer works with the MCC's Evaluation Bureau and exam site staff to deliver approved accommodations.

The MCC has an internal committee, composed of the MCC's Executive Director, Chief Medical Education Officer and Director of Psychometric and Assessment Services, that reviews and approves the accommodation requests. On an annual basis, an Oversight Committee composed of three MCC Council members (one representative from the provincial and territorial regulators, one from the faculties of medicine, and one public member) reviews the test accommodations-related decisions made throughout the year and presents a report and any recommendations to the MCC's Central Examination Committee.

Lastly, as a national organization based in Ottawa, the MCC strives to ensure that its policies, practices and procedures are consistent with the core principles outlined in the Accessibility for Ontarians with Disabilities Act (AODA) (see <http://mcc.ca/accessibility/>).



9. Do you have a policy for accepting alternative information when original documentation cannot be obtained by an applicant for reasons beyond their control?

The MCC accepts mailed, faxed or emailed copies of medical credential documents. We do not require originals or certified copies of medical credentials. However, the documents must be submitted through the source verification process (see <http://mcc.ca/services/source-verification/>).

Medical **graduate** candidates may be accepted to three of the four MCC exams (MCCEE, MCCQE Part I and NAC Exam) with a medical diploma that is in process of source verification. A medical diploma that has successfully completed the source verification process is required for eligibility to the MCCQE Part II, success on this last exam leading to awarding of the Licentiate of the Medical Council of Canada (LMCC) (see <http://mcc.ca/about/lmcc/>). Any graduates who do not have a copy of their final medical diploma *may* be accepted to the above exams on the basis of a final medical school transcript that is in process of source verification or has completed the source verification process.

When source verification of the medical diploma (or medical school transcript, if applicable) cannot be completed for reasons outside of the candidate's control (e.g. the medical school is in a war-torn country, the school has closed or been destroyed, or the source verification has been in process for over two years), an alternate process is in place for eligibility to the MCCQE Part II. The alternate process involves submission of notarized attestations completed by three physicians licensed in Canada and/or the U.S. who can attest to the candidate having attended and graduated from the medical school in question. Once received, the notarized documents and copies of credentials on the candidate's file are reviewed by the MCC's Registrar and Executive Director, who may grant an exemption from the source verification requirement for eligibility to the MCCQE Part II.

Medical **student** candidates must submit an original MCC form, completed by a recognized official at the medical school, for eligibility to the MCC exams (see: <http://mcc.ca/examinations/mccqe-part-i/application-information/>).

All candidates must submit certified identity documents the first time they apply to the MCC and every five years thereafter if they have not yet completed the process. A certified copy of a valid passport is the preferred identity document. In the absence of a valid passport, a combination of alternate documents are accepted, e.g. Canadian or U.S. birth certificate and driver's license, Canadian citizenship certificate or permanent resident card.



10. Do you have a policy on the language/translation requirements for documents provided by, or on behalf of, the applicant?

For the purpose of eligibility to the MCC exams, both English and French documents are accepted.

Candidates who submit credential, identity, name change, etc., documents that were issued in a language other than English or French must have their documents translated into English or French through the MCC's translation service (see <http://mcc.ca/services/repository/translation/>). Candidate fees associated with the service are on a per-page basis.

The MCC utilizes the services of the Government of Canada's Translation Bureau for the translation of its candidates' documents, which ensures that document translations residing in the MCC's Physician Credentials Repository are obtained from a consistent, reputable and reliable source within Canada.

These document translations are recognized by a minimum of 40 medical organizations across Canada. Candidates may share their original-language documents and translated documents with these organizations in the Repository, eliminating the need to submit multiple paper copies of the document translations to multiple organizations.

REQUEST FOR TEST ACCOMMODATIONS

If you require test accommodations, you must notify the MCC with your requirements in writing each time you apply for an MCC examination. Submitting this form constitutes your official notification.

Review the [MCC Requirements for Test Accommodations](#) for a detailed description of how to document your accommodations requirements. Complete all sections of this form and submit it at the same time that you submit your examination application. Follow up with the required supporting documentation.

Note that incomplete requests with insufficient supporting documentation will delay processing of your request.

The MCC will acknowledge receipt of your request through a message in your physiciansapply.ca account. Upon review of your submission, you may be asked by the MCC to submit additional documentation. If you do not receive a message within a few days of submitting your request, please contact the MCC.

SUPPORTING DOCUMENTATION CHECKLIST

In order for the MCC to verify your current functional impairment, proper documentation must be submitted. *Use the check boxes below* to ensure that you are providing all of the required documents in support of your request:

- A detailed personal statement describing the disability or accessibility requirement, with a description of its severity, and justification for the requested accommodations.
- A complete and comprehensive medical and/or psychological or psychoeducational evaluation on office letterhead, from a qualified professional for evaluating the disability or accessibility requirement, describing both the condition and its severity, including:
 - A description of the functional limitations stemming from the stated disabilities
 - Specific recommendations for testing accommodations, including an explanation of why the specified requirements are needed, including the use of any assistive devices or equipment intended to reduce the impact of the identified functional limitations
 - If the report or letter is more than two years old, a written confirmation from a qualified professional that the disability is still actively being managed is required
- Copies of supporting documentation or if copies are not available, a current letter on official letterhead stating the details of previously granted accommodations provided by a university and medical program such as:
 - the student accessibility/disability services office at the university; as well as, from
 - the undergraduate medical education program office; and, if applicable, from
 - the postgraduate medical education (residency) program office.



Section 1: IDENTIFICATION

MCC Candidate Code:	Gender	Date of Birth (yyyy/mm/dd)
Surname	Given Name(s)	

Section 2: EXAMINATION INFORMATION

Check the examination for which you are registered and require test accommodations:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> MCCEE | <input type="checkbox"/> MCCQE Part I |
| <input type="checkbox"/> NAC | <input type="checkbox"/> MCCQE Part II |

Section 3: ACCOMMODATIONS INFORMATION

Equipment, assistive devices, food or medication, etc. (due to a medical condition):

Describe the type of equipment or assistive device required (e.g., wheelchair access to the examination centre, adjustment in height of computer tables or patient stretchers (inches/cm), blood glucose monitoring, etc.):

Check all appropriate boxes:

MCCEE

- BREAK TIME (*stopped time*): Amount of time requested: _____
- Additional TESTING TIME:
- | | |
|---|---|
| <input type="checkbox"/> 25% additional time (time and ¼) | <input type="checkbox"/> 100% additional time (double time) |
| <input type="checkbox"/> 50% additional time (time and ½) | <input type="checkbox"/> Other time increment: _____ |
- SEPARATE ROOM

NAC Exam (OSCE)

- BREAK TIME (*stopped time*): Amount of time requested: _____
- Additional TESTING TIME:
- | | |
|---|---|
| <input type="checkbox"/> 25% additional time (time and ¼) | <input type="checkbox"/> 100% additional time (double time) |
| <input type="checkbox"/> 50% additional time (time and ½) | <input type="checkbox"/> Other time increment: _____ |

This additional time is requested for (check all that apply):

- patient encounters
 reading instructions/information
 writing

MCCQE Part I

- BREAK TIME (*stopped time*): Amount of time requested: _____
- Additional TESTING TIME:
- | | |
|---|---|
| <input type="checkbox"/> 25% additional time (time and ¼) | <input type="checkbox"/> 100% additional time (double time) |
| <input type="checkbox"/> 50% additional time (time and ½) | <input type="checkbox"/> Other time increment: _____ |
- SEPARATE ROOM



Section 3: ACCOMMODATIONS INFORMATION *(cont.)*

MCCQE Part II

- BREAK TIME (stopped time): Amount of time requested ea. day: _____
- Additional TESTING TIME:
- | | |
|--|---|
| <input type="checkbox"/> 25% additional time (time and $\frac{1}{4}$) ea. day | <input type="checkbox"/> 100% additional time (double time) ea. day |
| <input type="checkbox"/> 50% additional time (time and $\frac{1}{2}$) ea. day | <input type="checkbox"/> Other time increment: _____ |

This additional time is requested for (check all that apply):

- patient encounters (excludes acute care stations)
- reading instructions/information
- writing

Section 4: ACCOMMODATION HISTORY

Accommodations provided by a university and medical program can be supported by official documentation from:

- The student accessibility/disability services office at the university
- The undergraduate medical education program office
- The postgraduate medical education (residency) program office

List all of the examinations for which you have previously been granted accommodations and **provide supporting documentation**. If no document is available, give a short explanation:



Section 5: CERTIFICATION and AUTHORIZATION

To the best of my knowledge, the information recorded on this request form is true and accurate.

I acknowledge and agree that any information I have submitted or is submitted on my behalf is confidential to the MCC and will not be shared with any other entity unless specifically authorized by me in writing.

I authorize the MCC to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide the MCC with all requested further information.

✕

* Name (PRINT)

✕

* Signature

* Date (yyyy/mm/dd)

* Required

SUBMITTING THIS FORM

Choose ONE of the following secure and confidential methods of submission of this **completed form** AND **all supporting documents** directly to Candidate Affairs.

- Email (*preferred*): candidateaffairs@mcc.ca
- Fax: 613-248-5234
- Express mail or courier: **Confidential**

ATTENTION: Candidate Affairs
Medical Council of Canada
1021 Thomas Spratt Place
Ottawa, ON
Canada K1G 5L5



Questions for Third Party Organizations

Provide links to policy where possible

1. Do you provide some information about assessment practices to applicants?

The College of Family Physicians of Canada (CFPC) is a voluntary association of family physicians. While we do not conduct the training programs in Canada, we are responsible for setting standards for training and for a national certification examination for graduates of these programs. For further information regarding the CFPC exam, please visit <http://www.cfpc.ca/FMExam/>

Defining competence for the purposes of certification by the College of Family Physicians of Canada: the evaluation objectives in family medicine. <http://www.cfpc.ca/EvaluationObjectives/>

Information on required source verification of international credentials are also clearly posted and detailed instructions of how to source verify credentials are also provided [http://www.cfpc.ca/uploadedFiles/Education/Certification in Family Medicine Examination/P hysiciansApply%20instructions.pdf](http://www.cfpc.ca/uploadedFiles/Education/Certification%20in%20Family%20Medicine%20Examination/P%20PhysiciansApply%20instructions.pdf)

2. Explain how you determine the level of credential presented for assessment and describe the criteria that are applied to determine equivalency.

The same is provided for Candidates applying for CCFP without Examination based on Recognized Training and Certification outside Canada from one of the four approved jurisdictions (AUS, IRE, UK or USA) detailed eligibility is published online <http://www.cfpc.ca/RecognizedTraining/>

3. Where registration is not granted, do you provide timely decisions, responses and reasons to applicants within a reasonable time?

Yes, if a candidate does not meet certification requirements based on their examination results, we send them a letter along with the results as well, they receive feedback on their performance six weeks after the release of the exam results



4. Do you have an internal review/appeal process?

Information regarding the exam appeals process can be found at this link

http://www.cfpc.ca/appeal_process/

5. Do you provide training to individuals making assessments, decisions and/or conducting appeals?
6. Do you have a policy to ensure that a decision-maker on an internal review / appeal was not involved in making the original decision?
7. What is your process regarding access to records related to the assessment of applicants?

Only assigned staff from Certification and Assessment department would have access to the candidate's application and will also have a secure login for the physiciansapply.ca portal to view a candidate's profile that they would have shared with the CFPC.

8. Do you have a policy for accommodating individuals with physical or mental disabilities?

http://www.cfpc.ca/uploadedFiles/Education/Exam_Information/Policy_on_Accommodation_for_Special_Needs.pdf

9. Do you have a policy for accepting alternative information when original documentation cannot be obtained by an applicant for reasons beyond their control?

Every effort must be made for the international credential to be submitted and source verified through physiciansapply.ca if there is an extenuating circumstance where a verification cannot be completed, individual consideration to the Board of Examiners can be requested for review.

10. Do you have a policy on the language/translation requirements for documents provided by, or on behalf of, the applicant?

Physiciansapply.ca only accepts English or French credentials, if the document is in another language they must be translated and submitted to physiciansapply, both the original and translated version of the document is verified.



Questions for Third Party Organizations – Royal College

Provide links to policy where possible

1. Do you provide some information about assessment practices to applicants?

Yes the full process is on our website.

2. Explain how you determine the level of credential presented for assessment and describe the criteria that are applied to determine equivalency.

Yes our Credentials Agent use STRs and other relevant documents to determine and measure eligibility to the exams.

3. Where registration is not granted, do you provide timely decisions, responses and reasons to applicants within a reasonable time?

Yes all of our times lines are made available to candidates through our website or by calling the Credentials Unit. All eligibility that is not granted is explained with what criteria must be fulfilled before eligibility to the exams is granted.

4. Do you have an internal review/appeal process?

Yes we have a formal review process.

5. Do you provide training to individuals making assessments, decisions and/or conducting appeals?

Yes, all individuals involved in the formal review process have proper training on the steps in making and investigation all requests and decisions.

6. Do you have a policy to ensure that a decision-maker on an internal review / appeal was not involved in making the original decision?

Yes, we have a policy that ensures fairness to all candidates and a process that allows for decisions to be reviewed by individuals who were not part of the initial decision making process.



7. What is your process regarding access to records related to the assessment of applicants?

Candidates must sign off on a release of information form in order for the Royal College to share their information. The form indicates several types of records and they must check off they are in agreement with their information being shared. This information is typically only shared with the Medical Regulatory Authorities if the candidates allows for it.

8. Do you have a policy for accommodating individuals with physical or mental disabilities?

Yes we have an exam accommodation policy located on our website.

9. Do you have a policy for accepting alternative information when original documentation cannot be obtained by an applicant for reasons beyond their control?

Yes in exceptional circumstances we do have an alternative method of collecting and accepting information when original documents cannot be obtained. This goes through a vigorous approval process.

10. Do you have a policy on the language/translation requirements for documents provided by, or on behalf of, the applicant?

All documents must be in either French or English from candidates.