



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Registration Department

Suite 400 – 175 Western
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Bedford, Nova Scotia

Canada B4B 0V1

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www.cpsns.ns.ca

Postgraduate Training Licence Application Package

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

Dear Applicant:

Enclosed is an application package for a Postgraduate Training licence with the College of Physicians and Surgeons of Nova Scotia (College).

Complete the application form in full and return it directly to the address provided on the application, or electronically by email, along with all the documentation listed in this package.

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

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

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.

The College makes every effort to register applicants in time for their planned starting date, but delays outside the College's or applicant's control can occur (e.g., outstanding supporting documents).

It is your responsibility to complete all the application requirements, as listed in this documentation list. Failure to do so could result in a delay in obtaining a Postgraduate Training licence which is required prior to commencing your training in Nova Scotia. Once your application is complete, please allow sufficient time for processing by the Registration Department. We are unable to guarantee any applicant that he/she will be issued a licence by a particular date.

You cannot begin your training in Nova Scotia until you have received confirmation from this office that your registration/licence has been issued.

Regards,

Registration Department



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REQUIRED DOCUMENTATION FOR A POSTGRADUATE TRAINING LICENCE:

1. APPLICATION FORM

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

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

2. PHOTOGRAPH

Provide 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. We will accept scanned electronic copies.

3. IDENTIFICATION

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

- Passport
- Permanent Resident card
- Drivers licence

4. 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, 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.

5. MEDICAL DEGREE

Must be source verified through physiciansapply.ca or provided directly to the College from the issuing institution.

For medical degrees issued from outside Canada, if your medical degree is not in English you must also have official translation source verified in physiciansapply.ca.

6. EXAMINATIONS

Please share the following documents with the College of Physicians and Surgeons of Nova Scotia on physiciansapply.ca for your application. The documents are:

- Medical Council of Canada Evaluation Examination (MCCEE); or
- Medical Council of Canada Qualifying Examination – Part I (MCCQE Part 1); or
- Medical Council of Canada Qualifying Examination – Part II (LMCC); or

If you hold one of the following instead, they must be provided directly to the College from the issuing institution:

- United States Medical Licensing Examination (USMLE) – Steps I, II and III; or
- Federation Licensing Examination (FLEX); or
- National Board of Medical Examiners of the United States (NBME US); or
- Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

7. 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. This must be submitted directly to the College from the issuing institution.

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

8. EVIDENCE OF PROFESSIONAL CONDUCT

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

- A CPC from the regulatory where you are currently practising or training **must be dated within the immediate 90 days prior to a licence being granted in Nova Scotia (e.g. if you are starting training in Nova Scotia on July 1st, then the certificate should be dated within the 90 days prior to July 1)**
- A CPC must be received directly from the licensing authority issuing the certificate. Certificates

- presented by an applicant will not be accepted by this College.
- Most regulatory authorities charge a fee for this service.
- A copy of your licence or registration certificate where you are currently licensed is **not** evidence of your professional conduct and will **not** be accepted.

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

9. ENGLISH LANGUAGE PROFICIENCY REQUIREMENT

Applicants must meet the English language requirement as outlined in the policy English Language Proficiency.

10. FEE

The registration fee for a Postgraduate Training licence is a non-refundable fee. It covers one (1) academic year (July 1 to June 30). Please refer to the College's fee schedule for the current fee.

The fee will be invoiced and payable online once you have submitted your application.

11. NOVA SCOTIA ADDRESS

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

12. CONFIRMATION OF PROGRAM

Confirmation of your upcoming training will be provided to the College of Physicians and Surgeons of Nova Scotia by the Postgraduate Medical Education Office at Dalhousie University.

13. 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
- 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.

14. 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>).

All queries regarding a Postgraduate Training licence should be directed to the [Registration Department](#) of the College of Physicians and Surgeons of Nova Scotia.



Postgraduate Training Licence Application Form

ATTACH PHOTO
HERE

PLEASE SIGN
& DATE
FRONT OF
PHOTO

Please select the type of license that you are applying for:

- ELECTIVE TRAINING**
- ALL OTHER POSTGRADUATE TRAINING LEVELS (EXCLUDING PGY1)**
- CLINICAL TRAINEESHIP** - Medical training at Dalhousie University that is not part of a postgraduate training program

1. PERSONAL INFORMATION

1.1 Full Name _____
(Last Name) (Given Names)

Previous Name (if different from above) _____

1.2 Date of Birth _____ / _____ / _____ Birth place _____
(DD/MM/YY) (Province/Country)

1.3 Gender: _____ Male _____ Female

1.4 Eligibility to Work in Nova Scotia: _____ Canadian Citizen _____ Permanent Res. _____ Work Permit

1.5 Are you fluent in any language(s) (other than English) for the practice of medicine? _____ Yes _____ No
 If yes, please specify: _____

2. ADDRESS

2.1 Current Mailing Address

2.2 NS Mailing Address (if known & different from current)

2.3 Telephone (_____) _____

2.4 Telephone (_____) _____

2.5 Fax (_____) _____

2.6 Fax (_____) _____

2.7 Cell phone (_____) _____

2.8 E-mail Address: _____@_____

3. PROFESSIONAL CREDENTIALS

3.1 Medical Degree or equivalent _____ Year Received _____

3.2 Granting Institution _____ Prov/Country _____

3.3 Please specify if you have completed any of the following:

- Medical Council of Canada Evaluating Examination (MCCEE) Year _____
- Medical Council of Canada Qualifying Examination – Part I (MCCQE I) Year _____
- Medical Council of Canada Qualifying Examination – Part II (LMCC) Year _____ # _____
- Other (i.e. USMLE [all 3 steps], FLEX, National Boards, COMLEX) Year _____ Please Specify _____

4. POSTGRADUATE TRAINING

<u>Position Held</u>	<u>Discipline</u>	<u>Institution</u>	<u>Country</u>	<u>Dates</u> (MM/YY to MM/YY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. REGISTRATION / LICENSING HISTORY

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

<u>Licensing Authority/Country</u>	<u>Registration #</u>	<u>Nature of Practice</u>	<u>Dates</u> (MM/YY to MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. REFERENCES

List the names of three (3) physicians who, if called upon, can attest to your medical capabilities and professional character. If you are currently in a training program elsewhere, one reference must be your current Program Director.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Please answer the following questions. If “yes”, attach a comprehensive summary of the circumstances.

YES NO

- | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7.1 | Have you ever had an application for medical licensure rejected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | Has your medical licence, registration, or certification ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by a medical licensing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | Have you ever been charged or convicted of a criminal or similar offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.6 | Have you ever withdrawn, been suspended, or been expelled from a medical school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.7 | Have you ever withdrawn from a postgraduate training program or been suspended or removed from practice during a postgraduate training program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.8 | Have you ever suffered from, been treated for or been advised to seek treatment for substance use, addiction or abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.9 | Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct, competence or capacity that might be an impediment to your application for a certificate of registration to practise medicine in the province of Nova Scotia? | <input type="checkbox"/> | <input type="checkbox"/> |

9. APPLICATION AUTHORIZATION and DECLARATION

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

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

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

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

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

I accept that any information provided by me to the College may be used by the College for any regulatory purpose or shared by the College with stakeholders, including but not limited to Dalhousie

University, the Nova Scotia Health Authority, the IWK, the Medical Council of Canada or other medical regulatory authorities, as needed.

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

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

DECLARATION

(please print)

I, _____ Full
Name

of _____,
City/Town Province/State & Country

hereby declare the following:

1. I am the person making application for registration/licensure to practise medicine in the Province of Nova Scotia.
2. The photograph attached to the first page of the application is an unaltered photograph of me taken within the last six (6) months before the application was made.
3. I have read, understood and signed the application to which this declaration is attached.
4. The answers I have given to the questions in the application to which this declaration is attached are true, complete and without intent to mislead.
5. I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and virtue of the *Canada Evidence Act*.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE

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

Consent for Release of Information

What You Need to Know about MINC Numbers

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

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

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

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

Upon the consent of an individual, the MCC or a provincial/territorial medical regulatory authority will submit personal information to MINC#NIMC as follows: name(s), gender, date of birth, country of birth and year and university of graduation (note: previous names if applicable and other identifiers if necessary to confirm identity may also be submitted), collectively referred to as the Core Information.

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

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

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

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

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

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

For a more complete description of MINC#NIMC, including the details of its Privacy Code and a list of all Licensed Users and their approved uses, consult its website at www.minc-nimc.ca, 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

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