



COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

*Excellence in Medical Regulation*

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## CPSNS Sponsorship to the RCPSC PRA Process for Exam Eligibility

### Applicant Information

The Practice Ready Assessment (PRA) process is initiated and administered through the Medical Regulatory Authority (MRA). There is no application to be completed with the Royal College of Physicians and Surgeons of Canada (RCPSC). Once an applicant is accepted into the PRA process the MRA will forward the RCPSC a package containing the required information and documentation.

To help facilitate this process, we would ask you to complete the following information and return this form, along with any required documents listed below.

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

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Email address \_\_\_\_\_

CPSNS License Number: \_\_\_\_\_

Current Practice Location: \_\_\_\_\_

Are you currently registered with the RCPSC's continuing professional development (CPD) program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a clinical assessment? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please provide details, including start and finish dates, content, etc. in question 1.

1. Details of clinical assessment:

Start and finish dates: \_\_\_\_\_

Specialty Content Areas covered by this assessment:

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Location: \_\_\_\_\_

If no, have you undertaken Canadian fellowship training in your specialty? Yes \_\_\_\_ No \_\_\_\_

If **yes**, please provide details, including start and finish dates, specialty content areas covered in question 2.

2. Details of fellowship training:

Start and Finish Dates: \_\_\_\_\_

Specialty Content Areas covered by this assessment (include details by rotation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

**Contact information of your direct clinical supervisor during your clinical assessment/fellowship\*:**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Please note the clinical supervisor will be required to complete a Final In Training Evaluation Report (FITER) on your behalf. Please confirm with him/her if they are prepared to do so, and advise that CPSNS will be in contact with them in the future.**