



# 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](http://www.cpsns.ns.ca)

## About the Nova Scotia Injury Management Consultant Register

Injury Management Consultants (IMCs) are physicians, physiotherapists or chiropractors approved by the Superintendent of Insurance in Nova Scotia to work with patients and primary healthcare providers to assess and treat sprains, strains, and whiplash-related injuries caused by motor-vehicle accidents.

IMCs do the following:

- receive referrals in the appropriate form from primary healthcare practitioners;
- assess referred patients by reviewing health information provided and by conducting a history and a physical examination necessary to evaluate the sprain, strain and/or whiplash injury and its effect on the patient;
- request and review diagnostic tests necessary to complete the assessment of these injuries;
- establish a diagnosis within the framework of the prescribed diagnostic and treatment protocols;
- provide a written report to the referring practitioner and the client's insurance company containing the IMC findings, the diagnosis and recommendations for treatment and/or further evaluation.

IMCs may assess and provide recommendations on other injuries or health matters and may elect to provide treatment for any health condition. Note that the provision of such treatment falls outside the role of IMCs defined in provincial regulations (see below). For further information, please refer to the *Regulations Respecting Diagnostic and Treatment Protocols Related to Automobile Accidents* at [www.novascotia.ca/just/regulations/rg2/2013/fe0813.pdf](http://www.novascotia.ca/just/regulations/rg2/2013/fe0813.pdf).

The College of Physicians and Surgeons of Nova Scotia receives applications and a fee (see below) from physicians who wish to appear on the provincial Management Consultants Register ([www.novascotia.ca/finance/en/home/insurance/imcr.aspx](http://www.novascotia.ca/finance/en/home/insurance/imcr.aspx)). The College reviews these applications and forwards them to the Superintendent of Insurance, who bears final responsibility for approving them. For further information about the application process, see the contact information at the bottom of the following application form.

Physician IMCs are expected to act in accordance with professional and ethical standards established by the College of Physicians and Surgeons of Nova Scotia. For more information about the College's standards, visit <http://www.cpsns.ns.ca/Policies-Guidelines>. Physician IMCs are also strongly encouraged to review the *Regulations Respecting Diagnostic and Treatment Protocols Related to Automobile Accidents*, which are available at [www.novascotia.ca/just/regulations/rg2/2013/fe0813.pdf](http://www.novascotia.ca/just/regulations/rg2/2013/fe0813.pdf).

**Please note:** The contact information you provide below will appear on the online Injury Management Consultant Register. Please ensure that this information is correct. To make changes to your contact information on the Register, please contact the Office of the Superintendent of Insurance:

[www.novascotia.ca/finance/en/home/insurance/superintendentofinsurance/default.aspx](http://www.novascotia.ca/finance/en/home/insurance/superintendentofinsurance/default.aspx)

### Contact Information

Name:	
Mailing Address:	
Telephone: Fax: E-mail:	
College Registration Number:	

### Declarations

a) I am active in the delivery of patient care in Nova Scotia.	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) A significant part of my current clinical practice includes assessment and treatment of musculoskeletal disorders.	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) I have a working knowledge of the biopsychosocial model of disability. )	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) I use established techniques and scales to assess and document the character and degree of pain experienced by patients.	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) I regularly refer to practice guidelines and consensus statements developed by reputable medical sources.	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) I have a working knowledge of the International Classification of Diseases.	Yes <input type="checkbox"/> No <input type="checkbox"/>

g) I have certification in the independent medical examinations (IME) process such as that available from the American Board of Independent Medical Examiners.	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) I have read and understand the Automobile Insurance Diagnostic and Treatment Protocols Regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) I intend to follow the Diagnostic & Treatment Protocols Regulations of the <i>Insurance Act of Nova Scotia</i> to the best of my ability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
j) I acknowledge that continuing as an Injury Management Consultant may in the future require participation in or successful completion of prescribed education.	Yes <input type="checkbox"/> No <input type="checkbox"/>

The College of Physicians and Surgeons of Nova Scotia collects the above information pursuant to the [Automobile Insurance Diagnostic and Treatment Protocols Regulations](#). Information in this form may be reviewed by the College to verify that an applicant meets the requirements set out in Section 25 of that Regulation, and may be disclosed to the Superintendent appointed under the [Insurance Act \(Nova Scotia\)](#). The College will also notify the Superintendent if a physician who has been recognized as an Injury Management Consultant ceases to meet the requirements of this Regulation.

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*I, the undersigned, understand and agree to the above conditions:*

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Signature
Date

**Please forward the above form and the following payment form to the address below.**

Annie Drew-Purcell  
 Registration Department  
 College of Physicians and Surgeons of Nova Scotia  
 Suite 5005, 7001 Bayers Road  
 Halifax, Nova Scotia, B3L 3L2  
 Phone: 902-421-2216  
 Toll-free: 1-877-282-7767  
 Fax: 902-422-5035  
 E-mail: [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca)



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## Payment Form: Injury Management Consultant (IMC) application

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 MasterCard only)

*\* 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 CARD PLEASE PRINT, COMPLETE AND SUBMIT THE FOLLOWING FORM:**

VISA

**Amount of Payment: \$125.00: IMC application fee**

MASTERCARD

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: Code	Amount	Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____