



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

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www.cpsns.ns.ca

Postgraduate Training Licence Application Package PGY 1 (Non-Canadian Graduates)

Contents

- Application process
- Required Documentation
- Application form
- Credit Card Payment form
- MINC Consent form
- Credentials Verification Agreement form
- [Fee Schedule](#)
- [Policy - English Language Proficiency for Postgraduate Training](#)
- [Policy - Examinations Required for Registration on the Education Register](#)
- [Policy - Registration Document Expiry](#)
- [Medical Practitioners Regulations](#)

Note for physicians starting postgraduate training July 1st:

- ***Payments submitted with applications will not be processed until after June 1st***
- ***Registration cards and receipts will be provided at the Dalhousie orientation held in late June***



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Dear Applicant:

Congratulations on being matched to a training program with Dalhousie University! Enclosed is an application package for a **Postgraduate Training Licence** with the College of Physicians and Surgeons of Nova Scotia (College). This package is designed for physicians who are:

- **international medical graduates, and**
- **matched to a training program with Dalhousie University at the PGY1 level.**

Please complete the application form in full and return it directly to the address provided on the application, along with all the documentation listed. **All PGY1s matched to a Dalhousie training program and based in Nova Scotia must have their completed application package for a Postgraduate Training Licence returned to the College of Physicians and Surgeons of Nova Scotia no later than May 15th.**

Generally, applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. May to July and November to January are peak periods.

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 Standing/Professional Conduct and reference forms. Generally the ADS website is updated on a daily basis.

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.

It is your responsibility to complete all the application requirements as listed in this document. 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 not begin your training in Nova Scotia until you have confirmation from this office that your registration/licence has been issued.

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

Regards,

Registration Department



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REQUIRED DOCUMENTATION:

1. COMPLETED 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

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. 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.

5. 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](#).

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

Please ensure that your signature appears on the original LMCC document prior to making copies.

7. 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 45 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 45 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.

8. 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](#).

9. ENGLISH LANGUAGE PROFICIENCY REQUIREMENT

Applicants must meet the English language requirement as outlined in the policy English Language Proficiency for Postgraduate Training Licences.

10. FEE

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

Payment can be made by the following methods:

- Cheque or money order
- Credit card – only VISA and Master Card accepted (see enclosed form for payments made by credit card)

An administration fee will be charged for all cheques returned for non-processing. Replacement payments must be made by money order, certified cheque or cash and include the administration fee.

11. NOVA SCOTIA ADDRESS

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

12. CONFIRMATION OF TRAINING AT DALHOUSIE

Confirmation of your upcoming training at Dalhousie will be provided to our office 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
- 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.

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
FRONT OF
PHOTO

PLEASE CHECK ONE

- Residency Elective

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 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 (ie. 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>
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

7. 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

I hereby authorize the Colleges of Physicians and Surgeons of Nova Scotia to make such inquiries about me as it considers appropriate in connection with this application for a certificate of registration.

I further authorize the Colleges of Physicians and Surgeons of Nova Scotia to disclose information about me, including, for example, copies of this form and results of the Medical Council of Canada examinations, to other licensing authorities, federations of licensing authorities, hospitals and other institutions to which I apply for appointment, privileges or training.

I understand that I am deemed not to have satisfied the requirements and qualifications for a certificate of registration 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

I, _____
Full Name

of _____, _____
City/Town Province/State

hereby declare the following:

1. I am the person making application for a certificate of registration to practice 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 six months before this application is 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, and E-mail of Witness:

Phone _____

Email _____

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

Date

Name Printed



COLLEGE OF
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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