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Source verification of qualifications and documents is a fundamental part of credentialing. All qualifications and documents submitted by applicants must be verified by the source organization.

To carry out primary-source verification, the College relies on the completion of official forms and certificates issued by the source organization and sent **directly to** the College.

The College also relies on the services of the Medical Council of Canada (MCC) for verification of an applicant's medical degree and other basic credentials through <https://physiciansapply.ca/source-verification/>

International medical credentials sourced verified by physiciansapply.ca include:

- medical school degree/diploma
- medical degree transcript
- completed postgraduate training certificates
- specialty certificates
- medical licence or registration

These documents, once verified form a permanent record with the MCC Physician Credentials Repository. You **must ensure** that you have **shared your credentials** with the College of Physicians and Surgeons of Nova Scotia. This can be done by selecting "Document Sharing" once you have logged on to your physiciansapply.ca account.

This will authorize you and the College to monitor the progress of document verification online.

To prevent delays in obtaining a licence, please **sign** the attached waiver. This waiver allows the College to issue a licence in advance of receiving the report from [physicianapply.ca](https://physiciansapply.ca) confirming your documents have been source verified.



**COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA**

Registration Department
Suite 5005 -7071 Bayers Road
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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/State of _____

this _____ day of _____, 20_____.

Signature of Witness

Signature of Applicant

Print Name of Witness

Print Name of Applicant