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
E-mail : registration@cpsns.ns.ca
www.cpsns.ns.ca

Supervision Agreement Form

Postgraduate Practising Licence (Resident Moonlighting)

(TO BE COMPLETED BY SUPERVISING PHYSICIAN)

RESIDENT NAME:_____
PLEASE PRINT NAME IN FULL, SURNAME FIRST

I hereby confirm that I have read the policy (see attached) regarding resident moonlighting.

Training Program _____ **Year of Training:** _____

_____ _____
Signature of Resident **Date**

SUPERVISOR NAME:_____
PLEASE PRINT NAME IN FULL, SURNAME FIRST

USUAL WORKING ADDRESS: _____

CONTACT PHONE #:_____ **EMAIL ADDRESS:** _____

SCOPE OF PRACTICE FOR LOCUM: _____

LOCATION of LOCUM: _____

TIME FRAME FOR LOCUM: _____ **TO** ☐ END OF CURRENT ACADEMIC YEAR **OR**
START DATE

☐_____
STOP DATE

SUPERVISION PLAN: It is generally expected that the supervisor will be located within the same physical facility as the postgraduate trainee. Direct supervision must be available in a timely fashion (generally 15-20 minutes away at any time) when a postgraduate trainee is providing locum services.

_____

_____

_____

I hereby confirm that I have read the policy (see attached) regarding resident moonlighting.

_____ _____
Signature of Supervising Physician **Date**