



**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

Observership

Supervision/MRP Agreement

TO BE COMPLETED BY SUPERVISING/MRP PHYSICIAN

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

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

MAILING ADDRESS: _____
STREET ADDRESS, APT/STE #

CITY/TOWN PROVINCE POSTAL CODE

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

SCOPE OF MEDICINE FOR OBSERVERSHIP: _____

LOCATION OF OBSERVERSHIP: _____

ADDRESS: _____
(if different than above) STREET ADDRESS, APT/STE #

CITY/TOWN PROVINCE POSTAL CODE

TIME FRAME FOR OBSERVERSHIP: _____ **TO** _____
START DATE STOP DATE

I, Dr. _____, hereby confirm that I have read the policy regarding Clinical Observerships.

Signature

Date