



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

**Postgraduate Practising Licence for
Internal Moonlighting**
(Moonlighting at Tertiary Care Teaching Hospitals in Halifax)

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Dear Applicant:

Enclosed is an application package for a **Postgraduate Practising Licence** for internal moonlighting. It allows postgraduate trainees during their residency training to provide medical coverage in their free time in the tertiary care teaching hospitals in Halifax. It is intended that the postgraduate trainees will be supervised in the same fashion as they are during their residency training. It is recognized that moonlighting is outside the scope of an education licence.

This package is designed for postgraduate trainees who:

- are currently registered in a training program at Dalhousie University;
- are in at least their second year of postgraduate training;
- hold the LMCC or an acceptable alternative to the LMCC;
- have the support of their program director to moonlight.

Please read the College's policy regarding Postgraduate Practise for internal moonlighting, complete the application in full and return it to the College, along with the documentation listed on the application. Please note that you must sign the declaration at the bottom of the application indicating you have read the College's policy **Postgraduate Practising Licence - Moonlighting at Tertiary Care Teaching Hospitals in Halifax (Internal Moonlighting)**. Confirmation of supervision can be sent directly to this office by your supervisor.

It is your responsibility to complete all the application requirements. Failure to do so could result in a delay in obtaining a Postgraduate Practising Licence which is required prior to moonlighting in Nova Scotia. Once your application is complete, please allow sufficient time for processing by the Registration Department. The Registration Department is unable to guarantee any applicant that he/she will be issued a licence by a particular date.

You cannot begin moonlighting until you have received confirmation from this office that you have been issued a licence to moonlight. Notification will be sent to you via the email address you have supplied on the application form.

Any queries regarding resident moonlighting should be directed to the Registration Department of the College of Physicians and Surgeons of Nova Scotia.

Regards,

Registration Department



Postgraduate Practising Licence (Internal Moonlighting)
MOONLIGHTING AT TERTIARY CARE TEACHING HOSPITALS IN HALIFAX

NAME: _____
Surname First and Middle Names

MAILING ADDRESS: _____
Street Address, Apt/Ste #/PO Box

City/Town Province Postal Code

CONTACT PHONE #: _____ **E-MAIL ADDRESS:** _____

TRAINING PROGRAM: _____ **YEAR OF TRAINING:** _____

PROGRAM DIRECTOR: _____ **CPSNS EDUCATION LICENSE # :** _____

EMAIL FOR PROGRAM DIRECTOR: _____

THE FOLLOWING DOCUMENTATION MUST BE RECEIVED BY THE COLLEGE'S REGISTRATION DEPARTMENT PRIOR TO A LICENCE BEING GRANTED:

- _____ Your Programme Director's approval and endorsement for a Postgraduate Practising Licence (must indicate the date and location of moonlighting)
- _____ Evidence of Canadian Medical Protective Associate (CMPA) for providing **locum tenens** [CMPA Code 14 - Residents with Moonlighting]
- _____ Photocopy of your medical diploma/degree (if not already on file)
- _____ Photocopy of your LMCC registration certificate or other acceptable examination (if not already on file)
- _____ Confirmation of supervision from Department Head (or designate) for department where the moonlighting will be performed (using the enclosed supervision agreement form)
- _____ Documented evidence of approved privileges with the health authority
- _____ Registration Fee [payable once per academic year] - *PLEASE REFER TO CPSNS FEE SCHEDULE*

This will confirm that I have read the policy regarding a Postgraduate Practising Licence for internal moonlighting and that I understand that I must receive confirmation from the College of Physicians and Surgeons of Nova Scotia that the licence is in place prior to starting any moonlighting/locum work.

Signature

Date



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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