



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Registration Department
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CONSENT FORM - INFORMATION SHARING

The College of Physicians and Surgeons of Nova Scotia ("CPSNS") has developed a Centralized Registration Process that streamlines the provision of application and licensing information to stakeholders, including but not limited to certifying colleges, health authorities, medical facilities, faculties of medicine and privileging bodies.

I consent to the CPSNS releasing to stakeholders any information provided in support of this application, including my application documents, Certificates of Professional Conduct, Reference Forms, Criminal Record Checks, Litigation information and CPSNS Registration Committee decisions.

In addition, I specifically request that the CPSNS provide my application/registration information to:

- The Nova Scotia Health Authority***
- IWK Health Centre***

Full Name of Physician

Signature of Physician

Date

Witness

Signature of Witness

Date