



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Registration Department

Suite 400 -- 175 Western Parkway

Bedford, Nova Scotia

Canada B4B 0V1

Phone: (902) 422-5823 Toll-free: 1-877-282-7767

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E-mail registration@cpsns.ns.ca

www.cpsns.ns.ca

Clinical Observership Permit Application Package

Physicians not otherwise licensed to practise medicine in Nova Scotia may apply for an observership permit under which they may observe, learn and gain insight into the practise of medicine in Nova Scotia.

As a clinical observer, physicians will interact with patients and will have access to personal patient information. The physician must possess qualifications and meet standards acceptable to the College of Physicians and Surgeons of Nova Scotia. Therefore, a permit with the College of Physicians and Surgeons of Nova Scotia is required.

Please note that a clinical observer permit is not a licence to practise medicine. Clinical observers must function under the direct supervision of a College-approved Supervisor at all times.

Participating in a clinical observership is not considered training or work experience and will not be considered when assessing eligibility for a license to practise medicine in Nova Scotia.



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Clinical Observer Permit Application Package

Contents

- Basic Requirements
- Application Process
- Required Documentation
- Application form
- Sponsor Agreement form
- [Fee Schedule](#)
- Credentials Source Verification Agreement form

The College recommends that you review the following policies:

- [Clinical Observers Policy](#)
- [Original Documentation Policy](#)
- [Registration Documentation Expiry Policy](#)
- [Medical Act of Nova Scotia](#)
- [Medical Practitioners Regulations](#)

DEAR APPLICANT:

Enclosed is an application package for a **clinical observer permit** with the College of Physicians and Surgeons of Nova Scotia (the College). You are required to have a permit in order to do a clinical observership in a hospital or office setting. There may be situations where additional documentation may be required other than the documents that are listed in this package.

Please note the following:

- You are responsible for your application and for completing all requirements as set out in the documentation list. Please follow the documentation list closely, noting the length of time the application form, Certificates of Professional Conduct, reference forms and photographs are valid.
- Generally, it is recommended you apply approximately six weeks in advance of your starting date. However, if additional documentation (e.g. legal documents) or an assessment of skills and knowledge is required, the application process will take longer.
- Email, mail or fax your application and supporting documents to the College.
- Generally, applications are assessed in the order they are received. However, the College will try to accommodate urgent applications. Please note that May to July and November to January are peak periods at the College.
- Wait time between receipt of application by the College and initial assessment is usually three to five business days. Until this initial assessment is completed, the College is unable to respond to application inquiries.
- Confirmation of receipt of your application will be sent to you by e-mail. You will be provided with a username and password to access the College's **Application Documentation Status (ADS)** website. (Note: Be sure to advise the College if you change your e-mail address.) The ADS website will provide you with a contact person at the College, the current status of your application, the documentation that has been received to date and any documentation that is still outstanding. The ADS website will also provide you with the expiry date(s) for the application form, Certificates of Professional Conduct and reference forms. Generally the ADS website is updated on a daily basis and can be accessed by the applicant 24 hours a day.
- If you have not received an e-mail confirmation after two weeks from the submission of your application, contact the College at registration@cpsns.ns.ca.
- Do not begin an observership in Nova Scotia until you have received confirmation from the College that a permit has been issued for you.
- Generally, applications remaining incomplete or inactive for more than one year will be considered withdrawn.

The College looks forward to receiving your application for a clinical observer permit in Nova Scotia. Should you have any questions regarding application procedures prior to submitting an application, please contact the Registration Department at 902-422-5823 or by e-mail at registration@cpsns.ns.ca.

Regards,

Registration Department



REQUIRED DOCUMENTATION

1. COMPLETION OF APPLICATION FORM

Please complete and return the application form to the College. All questions in the Personal Information section must be answered. **A written explanation must be provided for “yes” answers.** Such information is treated as confidential by the College of Physicians and Surgeons of Nova Scotia. Applications must be witnessed and contact information for the witness provided. Application forms not witnessed will be returned to the applicant, which may slow down the application process.

An application for registration is valid for six (6) months from the date of signing. If an applicant has not obtained licensure within six months from the date of the original application, a new application must be submitted. There is no need to re-submit documents provided with your initial application unless you have been advised by the College that certain documents have expired (e.g. Certificate of Standing / Professional Conduct, references).

2. PHOTOGRAPH

You will need to obtain one (1) passport size photograph **taken within the last six (6) months.**

- Your signature must appear on the photograph, preferably on the front. If there is no room on the front, please sign the back of the photograph.

Attach the photograph to your application form.

3. IDENTIFICATION

Provide one of the following **valid** photo identification:

- Passport
- Drivers licence

4. LETTER OF INTENT

Please include a separate letter indicating the following:

- The date you expect to start an observership in Nova Scotia
- Your scope of practice (eg. family medicine, cardiology)
- Office (or hospital) address, telephone and fax numbers in Nova Scotia
- Home address, telephone and fax numbers in Nova Scotia

5. CURRICULUM VITAE

Your curriculum vitae (CV/resume) should be current and provide the following information:

- The name of your medical school, the country your medical school is located in, and the year of graduation
- A listing, in chronological order (month, year), of all your postgraduate training appointments including hospitals, disciplines, durations and level of training
- A listing, in chronological order (month, year), of all your professional appointments and type of practice including duration and location (please specify city/province/state/country)
- A listing of all your previous and current medical licenses (type and duration) in every jurisdiction since your graduation from medical school
- A listing of any additional examinations, e.g. Medical Council of Canada examinations, USMLE, CST, ECFMG

Any gaps longer than three (3) months in your history of training/practice must be clarified in a separate document.

6. MEDICAL DEGREE/DIPLOMA

Confirmation of your medical degree can be provided in one of the following ways:

- If you have submitted your medical degree to physiciansapply.ca for source verification, by “sharing” that document with the College of Physicians and Surgeons of Nova Scotia.

For medical degrees issued from outside Canada, if your degree is not in English, you must also provide an original official notarized translation. See [Translation of Documents](#).

7. MEDICAL COUNCIL OF CANADA EXAMINATIONS

If you hold any of the Medical Council of Canada examinations, a copy of your exam results or LMCC certificate is required for your application. This can be provided in one of the following ways:

- by “sharing” those documents on your physiciansapply.ca account with the College of Physicians and Surgeons of Nova Scotia, **and**
- a copy of your LMCC certificate (if available).

8. SPONSORSHIP/SUPERVISION AGREEMENT

Clinical observers require supervision by a fully licensed physician. Once you have identified a sponsoring/supervising physician please provide that physician with the enclosed

Sponsorship/Supervision Agreement form and policy regarding observerships. Your sponsor/supervisor will need to review the policy, complete the form and return it to our office prior to an observership permit being issued.

9. CHARACTER REFERENCE

A character reference from an individual who is not a relative and who has known the physicians for at least five years, that is acceptable to the Registrar.

The reference letter must be dated within the immediate three (3) months prior to an observership permit being granted and are to be submitted directly to the College by the referee.

All references are to be submitted in English.

10. PERMIT FEE

The Permit Fee will be invoiced electronically after receipt of your application. Please refer to the College's Fee Schedule for the current Clinical Observer fee.

11. SOURCE VERIFICATION OF CREDENTIALS

You are required to have certain documents source verified in the Medical Council of Canada (MCC) Physician Credentials Repository through **physiciansapply.ca**.

Please ensure you update the document sharing section in your account with physiciansapply.ca to enable our College to view your documents. This will enable you and the College to monitor online the progress of document verification. **It is important that you share your documents and information with the College of Physicians and Surgeons of Nova Scotia.**

The following documents must either be submitted to physiciansapply.ca for source verification or provided directly to the College from the issuing institutions:

- medical school diploma
- completed postgraduate training certificates
- specialty certificates

You are also required to the credentials source verification agreement form (attached) with the College for the purpose of enabling the College to issue a licence in advance of receipt of a report from physiciansapply.ca, confirming that your documents have been source verified.

APPLICATION FORM

Clinical Observership Permit

This form cannot be completed or submitted electronically.
Please ensure all information provided is legible.

Attach Photo
Here

Please sign
front of photo

Section 1: General Information

1.1 Name _____
Surname First Name Middle Name(s)

1.2 Previous Name(s) _____
(if different from above) Surname First Name Middle Name(s)

1.3 Office Address: _____ 1.4 Home Address: _____

1.5 Office phone: _____ 1.6 Home phone: _____

1.7 Office fax: _____ 1.8 Home fax: _____

1.9 Address preferred for receipt of College correspondence (check one)

Office address

Home address

1.10 E-mail Address _____@_____

1.11 Gender ___Female ___Male

1.12 Date of birth (eg. 31/12/1954)_____/_____/_____
DD MM YYYY

1.13 Country of birth _____

1.14 If you are fluent in any language(s) other than English **to practise medicine** please specify:

Section 2: Scope of Practice

2.1 Primary Scope of Practice (eg. Family Medicine, Emergency Medicine, General Surgery):

2.2 Are you applying for specialty recognition?

No

Yes

Specialty(s): _____

If you hold more than one specialty please indicate which one is your primary specialty

Section 3: Medical Education

3.1 Degree _____ 3.2 Year received _____

3.3 Granting institution _____

3.4 Country of institution _____

Section 4: Postgraduate Training (Internships, Residencies)

Beginning with the most recent, indicate type (rotating, specialty, etc.) with dates and institutions:

<u>Position Held</u>	<u>Discipline</u>	<u>Institution</u>	<u>Country</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 5: Additional Degrees, Diplomas, Certificates or Fellowships

<u>Title of designation</u>	<u>Conferring university, college or board</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 6: Medical Council of Canada

- 6.1 Medical Council of Canada Evaluating Examination (MCCEE) _____
Year _____
- 6.2 Medical Council of Canada Qualifying Examination – Part I _____
Year _____
- 6.3 Medical Council of Canada Qualifying Examination – Part II _____

- 6.4 LMCC (written before 1993) _____
Year _____ # _____

6.5 Other (e.g., USMLE [all 3 steps], ECFMG, FLEX):

_____ # _____
 Specify Year

Section 7: Registration/Licensing History

List in chronological order every jurisdiction in which you have been licensed, including educational licensure.

<u>Licensing Authority/Country</u>	<u>Registration #</u>	<u>Scope of Practice</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 8: Practice Experience

Provide a brief resume of places, dates, and type of practice (e.g., Family or Specialty Practice, Admin, Teaching)

<u>Type of Practice</u>	<u>Location</u>	<u>Dates (mm/yy - mm/yy)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 9: References

The College will be in contact with you regarding reference letters once your application file has been received and reviewed. **Please do not make arrangements for reference letters until you have been advised by the College.**

Section 10: Personal Information

Licensure and Registration

- 10.1 Have you ever applied for medical licensure, certificate of registration or permit to practice and had such application rejected? **YES NO**
- 10.2 Have you ever withdrawn an application for medical licensure or registration voluntarily or otherwise? **YES NO**
- 10.3 Are you currently the subject of any complaint, investigation or other proceeding in relation to your conduct, competence, character, capacity or fitness to practise by a regulatory body or by any entity? **YES NO**
- 10.4 Regardless of the outcome, have you ever been the subject of a review of your conduct, competence, character, capacity or fitness to practise whether arising from a complaint or otherwise? **YES NO**
- 10.5 Have you ever, in expectation or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your medical licence, certificate of registration or permit to practice or to refrain from practice? **YES NO**

- | | | | |
|--------------|--|------------|-----------|
| 10.6 | Have you ever pleaded guilty to or been found guilty of professional misconduct, conduct unbecoming or found to be incompetent or incapacitated? | YES | NO |
| 10.7 | Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of medicine or your professional activities? | YES | NO |
| 10.8 | Is there now, or are you aware of any pending civil proceedings, legal actions, insurance or other claims that are in any way related to your practice of medicine or your professional activities? | YES | NO |
| 10.9 | Has a court ever made a finding against you in respect of a civil proceeding, legal action or claim that was in any related to your practice of medicine or your professional activities? | YES | NO |
| 10.10 | Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, character, capacity or fitness to practice? | YES | NO |
| 10.11 | Have you been absent from practice for three continuous months or longer for any reason, including for the purpose of immigration? | YES | NO |

Health and Fitness to Practice

- | | | | |
|--------------|--|------------|-----------|
| 10.12 | Have you ever or do you presently suffer from any condition that may limit your ability to practice or constitute a risk to patients? | YES | NO |
| 10.13 | Do you have a blood-borne communicable disease or condition which, by its nature, could place your patients at risk if there were an inadvertent exposure? | YES | NO |
| 10.14 | Have you ever taken a medical leave of absence of any duration from a medical school, a postgraduate medical training program or any professional position or employment? | YES | NO |
| 10.15 | Have you ever been advised by a treating physician to restrict your practice of medicine? | YES | NO |
| 10.16 | Have you ever ceased or interrupted your medical practice for any reason for three months or longer? | YES | NO |
| 10.17 | Have you ever or are you now abusing, dependent on, or addicted to alcohol or a drug? | YES | NO |
| 10.18 | Have you ever or are you now being treated for abuse of, dependence on, or addiction to alcohol or a drug? | YES | NO |

Criminal or Other Offences

- | | | | |
|--------------|--|------------|-----------|
| 10.19 | Have you ever been charged with, pleaded guilty to, been convicted of or found guilty of, any offence? (Excluding parking, speeding, or similar minor motor vehicle offences.) | YES | NO |
| 10.20 | Have you ever pleaded no contest or made any similar plea to any charge? | YES | NO |
| 10.21 | Are there any charges now pending against you for any offence? | YES | NO |
| 10.22 | Have you ever entered into a diversion program or other resolution process as an alternative to conviction or prosecution for an offence? | YES | NO |

Privileges and Professional Employment

- | | | | |
|--------------|---|------------|-----------|
| 10.23 | Have you ever been denied privileges in a hospital or other health facility? | YES | NO |
| 10.24 | Have you ever voluntarily relinquished or changed your privileges or resigned from a hospital or other health facility, either during or subsequent to an inquiry, investigation or review that was in any way related to your professional conduct, competence, character, capacity, fitness to practise or any other aspect of your medical practice? | YES | NO |

- | | | |
|--|------------|-----------|
| 10.25 Have you ever resigned from a hospital or other health facility while disciplinary action was pending? | YES | NO |
| 10.26 Have you ever withdrawn an application for privileges at a hospital, regional health authority or other health facility? | YES | NO |
| 10.27 Have you ever had your privileges suspended, reduced or changed by a hospital or other health facility for cause other than medical records? | YES | NO |
| 10.28 Are you now or have you ever been the subject of any type of investigation, inquiry, review or action by a hospital, health facility, or any other place of employment relating to your conduct, competence, character, capacity, fitness to practise or any aspect of your medical practice? | YES | NO |

Undergraduate Medical Education

- | | | |
|---|------------|-----------|
| 10.29 Have you ever withdrawn from, or been expelled, suspended, or put on probation or remediation by a medical school? | YES | NO |
| 10.30 Have you ever been the subject of any type of investigation, inquiry or proceeding by any educational institution including medical school relating to academic misconduct or relating to any issue respecting your conduct, competence, character, capacity or fitness to practise? | YES | NO |
| 10.31 Have you ever taken a leave of absence from or otherwise interrupted your undergraduate medical education for six (6) months or longer? | YES | NO |
| 10.32 Have you ever transferred from one undergraduate medical education program to another? | YES | NO |

Postgraduate Training

- | | | |
|---|------------|-----------|
| 10.33 Have you ever been dismissed, removed, suspended or put on probation or remediation during a postgraduate medical training program? | YES | NO |
| 10.34 Have you ever taken a leave of absence from or otherwise interrupted a postgraduate medical training program of three months or longer? | YES | NO |
| 10.35 Have you ever transferred from one postgraduate training program to another without having fully completed the first program? | YES | NO |
| 10.36 Have you ever withdrawn or resigned from a postgraduate medical training program? | YES | NO |
| 10.37 Have you ever been investigated or sanctioned by any academic, research or regulatory body for misconduct of any type or for any violation of academic policy? | YES | NO |

Miscellaneous

- | | | |
|---|------------|-----------|
| 10.38 Have you ever been restricted in your prescription of opiates or other controlled drugs? | YES | NO |
| 10.39 Have you ever been or are you being investigated by a billing agency? | YES | NO |
| 10.40 Have you ever been denied professional liability protection or insurance? | YES | NO |
| 10.41 Are you now subject to any contract, agreement, undertaking or obligation with any medical licensing authority, health facility or other regulatory or governmental body that might be relevant to your application for a licence to practise medicine in the province of Nova Scotia? | YES | NO |
| 10.42 Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your conduct, competence, character, capacity or fitness to practise that might be relevant to your application for registration/licensure to practice medicine in the province of Nova Scotia? | YES | NO |

If you have answered "Yes" to any of the questions in this section, please explain with an attached letter.

Section 11: Compliance with Policies and Guidelines

The College is directed by the [Medical Act](#) to establish and promote professional standards of practice for medicine. The development of professional standards is led by the Professional Standards Committee composed of practising physicians and public members.

As a physician applying for licensure with the College of Physicians and Surgeons of Nova Scotia I agree to the following:

- To review and comply with the College of Physicians and Surgeons of Nova Scotia (the College) physician policies and guidelines.

Policies reflect the position of the College of Physicians and Surgeons of Nova Scotia. Physicians licensed with the College are expected to be familiar with and to comply with College policies.

Guidelines contain recommendations endorsed by the College of Physicians and Surgeons of Nova Scotia. The College encourages its members to be familiar with and to follow these guidelines whenever possible and appropriate. Note that guidelines may contain references to College policies.

The College's Investigations Committees routinely refer to these guidelines and policies, as well as the Canadian Medical Association's [Code of Ethics](#), when investigating complaints about physicians.

- To review and comply with new and revised policies and guidelines as they are released. Physicians are expected to stay current with these documents.
- To review and practise medicine in accordance with the Canadian Medical Association [Code of Ethics](#), which has been endorsed by the College.
- To practice medicine only within the scope of practice in which I have received education and training and in which I am currently competent to practise in accordance with the College's [Medical Practitioners Regulations](#).

Signature of Applicant

Date

Section 12: Applicant Authorization and Declaration

In submitting this licensing application, I understand that it is my responsibility to be familiar with and abide by the provisions of the College's policies and guidelines, available [here](#).

I confirm that I will immediately report to the College should anything occur while licensed that would alter my responses to any of the questions contained in this application.

I accept the College's [Privacy Policy](#) and agree to the College's use and disclosure of my personal information for the purposes set out in Part 2 of that Policy.

I understand that my responsibilities include a duty to provide my patients with reasonable access to their medical chart should I, for any reason, be absent from or leave my practice.

I confirm that I will immediately report to the College should anything occur while licensed

that would alter my responses to any of the questions contained in this application.

I accept that any information provided by me to the College may be used by the College for any regulatory purpose or shared by the College with stakeholders, including but not limited to Dalhousie University, the Nova Scotia Health Authority, the IWK, the Medical Council of Canada or other medical regulatory authorities, as needed.

I understand that the College may seek to verify any of the information related to this application, and in so doing may seek information from other medical regulatory authorities or other institutions or persons. I hereby consent to the College doing so.

I declare that the information provided in this application for licensure is true and accurate, to the best of my knowledge. I make this declaration knowing that the provision of false information in the application, whether false by commission or omission, may be considered professional misconduct and may result in the revocation of any licence that has been issued to me.

DECLARATION

(please print)

I, _____
Full Name

of _____, _____
City/Town Province/State & Country

hereby declare the following:

1. I am the person making application for registration/licensure to practise medicine in the Province of Nova Scotia.
2. The photograph attached to the first page of the application is an unaltered photograph of me taken within the last six (6) months before the application was made.
3. I have read, understood and signed the application to which this declaration is attached.
4. The answers I have given to the questions in the application to which this declaration is attached are true, complete and without intent to mislead.
5. I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and virtue of the *Canada Evidence Act*.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE

Print Name, Address, Phone/Fax, E-mail of witness:



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**Clinical Observership
Sponsorship/Supervision Agreement**

TO BE COMPLETED BY SPONSORING/SUPERVISING PHYSICIAN

OBSERVER NAME: _____

PLEASE PRINT NAME IN FULL, SURNAME FIRST

SPONSOR 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



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 of _____,

this _____ day of _____, 20____.

Signature of Witness

Signature of Applicant

Print Name of Witness

Print Name of Applicant