

## CONSENT FOR CERTIFICATE OF PROFESSIONAL CONDUCT

I, \_\_\_\_\_, a physician currently/previously licensed with the College of Physicians and Surgeons of Nova Scotia (the College) request that a Certificate of Professional Conduct be sent to the

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Name & Address of Regulatory Authority or Health Care Institution certificate to be issued to

I acknowledge that a Certificate of Professional Conduct will provide the following information and I consent to release this information:

- a) Name and address of the physician (office only);
- b) Registration number and registration history;
- c) Medical Identification Number for Canada (MINC), if applicable;
- d) Degree, medical school and year of graduation;
- e) Other qualifications;
- f) The classification or status of the licence;
- g) Specialty qualifications registered and/or certified with the College;
- h) The date and particulars of any:
  - Hearing Committee decision;
  - finding of professional misconduct or conduct unbecoming;
  - finding of incompetence or incapacity;
  - suspension or revocation of licensure;
  - active interim suspensions or restrictions;
  - consensual reprimands;
  - consensual retirement;
  - undertakings;
  - cautions;
  - restrictions or cancellation of hospital privileges known to the College;
  - open complaints; or
  - known professional litigation history including settlements, civil suit findings, statements of claim.
- i) All other information, as determined by the Registrar, that may be relevant to licensing, registration, privileging, credentialing, education and/or hiring decision-making purposes, including but not limited to:
  - Investigations dispositions other than a Caution
  - Registration Committee decisions
  - Results of Assessments (other than Peer Review)
  - Physician Health matters
  - Compliance concerns (e.g. not compliant with Continuing Professional Development or Undertakings)
  - Sponsorship or Supervision concerns

**In addition to any information included in the above, any information which the Registrar concludes may be relevant to the receiving jurisdiction or organization, including information on the ethical conduct, competence or capacity of the registrant or former registrant.**

I am aware that the College will update the information on my Certificate of Professional Conduct regarding new complaints or discipline information or updating previous complaints or disciplinary information and forward this information to the organization listed above for a period of 12 months from the date of the original signed consent without additional consent.

**If you are leaving your practice in Nova Scotia you are required to provide the College with the location of your patient records by e-mailing [registration@cpsns.ns.ca](mailto:registration@cpsns.ns.ca).**

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Full Name of Physician

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Registration/Licence #

Address of Physician:

Home

Office

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Signature of Physician

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Date

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Telephone # of Physician

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E-Mail of Physician

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Fax # of Physician