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
Fax: (902) 422-5035
Email: registration@cpsns.ns.ca
www.cpsns.ns.ca

Practice Closure Notification

A requirement when closing your practice is notifying the College in writing. Please complete the below information and return to the College via email, fax, or mail at the addresses listed above.

1) Name:

2) Licence Number:

3) Updated contact information (after practice closure):

   a) Email Address:

   b) Preferred mailing address:

4) Date of practice closure:

5) Location of Patient Medical Records (please include instructions and contact information for how patients can request their records):

6) Do you intend to maintain your licence after your practice closure?

7) Do you intend to practise clinically after your practice closure?

   ☐ Yes

   ☐ No

   If yes, please provide details on the scope of your practice after your practice closure, and the frequency of your clinical practice (approximate hours per year):

Signature: Date:

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Discontinuance of Licence Request

If you no longer require a licence in Nova Scotia, you must notify the College. Your licence may only be surrendered after you complete and return the form below and you receive consent from the Registrar.

1) Name:

2) Licence Number:

3) Effective date you no longer require a licence:

4) Reason for giving up your licence:

5) Do you have any health conditions that may affect your ability to practise now or in the future? If so, please provide details.

Signature: Date: