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
www.cpsns.ns.ca

Postgraduate Practising Licence for Internal Moonlighting

(Moonlighting at Tertiary Care Teaching Hospitals in Halifax)

Contents

- Application Process
- Application Form with Documentation List
- Supervision Agreement form
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- Medical Practitioners Regulations

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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 Practicing Licence** - **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

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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: _____

TIME FRAME FOR LOCUM: _____ **OR** ☐ END OF CURRENT ACADEMIC YEAR
START DATE
☐ _____
STOP DATE

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

☐ Your Program 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)

☐ Consent form for information sharing with the NSH/IWK

Note: It is the responsibility of the postgraduate trainee to obtain privileges with Nova Scotia Health (NSH) or the Izaak Walton Killam (IWK) Health Centre.

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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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.

Please select the organization(s) that you request the CPSNS provide your application/registration information to:

☐ ***Nova Scotia Health***
☐ ***IWK Health Centre***

_____ _____
Full Name of Applicant Signature of Applicant

_____
Date

_____ _____
Witness Signature of Witness

_____
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**