APPLICATION FOR REGISTRATION:
POSTGRADUATE EDUCATION - 2017 CANADIAN MEDICAL SCHOOL GRADUATES MATCHED TO AN ONTARIO RESIDENCY PROGRAM

Dear Applicant:

The College is pleased to provide this application for a Postgraduate Education certificate of registration.

Note that this application package is specifically for final-year medical students at Canadian medical schools in 2017 matched to a residency program in Ontario.

This application package contains the following:

- Schedule of Requirements
- Information about the Certificate
- Application, Credentialing, and Payment Forms

We strongly encourage you to submit your complete application package as soon as your training appointment in Ontario is made known to you, so that your certificate can be issued in time for your July 1 start date.

You do not need to wait for your official Letter of Appointment from the Ontario medical school before you apply. Please be advised that you must allow sufficient time for processing of your application. In this regard, applications received after May 19, 2017, may not be processed in time for a July 1, 2017 start date.

For detailed information relating to the registration process and timelines, you must review the General Guidelines document available under Related Links on the Registration Applications and Forms page.

Should you have any questions, please contact the Applications and Credentials Department at (416) 967-2617, Monday to Friday 9:00 am to 5:00 pm EST.

The College looks forward to receiving your application and wishes you a successful and rewarding training experience in Ontario.

Sincerely,

Applications and Credentials Department
This schedule contains detailed information regarding the requirements for registration:

- **PART A -** The requirements to be returned by you in a complete package.
- **PART B -** The requirements you must arrange to be completed and returned by third parties.

All requirements in this schedule must be completed. Please follow instructions carefully.

**PART A: REQUIREMENTS TO BE SENT BY APPLICANT AS A COMPLETE PACKAGE**

**Application Form**

Your application form must be fully completed and the declaration on the last page must be signed. We do not take action on e-mailed forms. Ensure that your photograph is full face, of passport size and quality, and taken within six months of completing the form. Please ensure that you read the instructions and answer each question carefully. Note that for every “Yes” response, in sections (a)-(g) must be explained in writing and supported by the required background documents or third-party reports.

In section (h), you will be required to report on exposure-prone procedures and blood-borne pathogens. In your first year of residency, you have the potential to perform exposure prone procedures and therefore, you must have your blood tested for Hepatitis B, Hepatitis C, and HIV before your Certificate of Registration can be issued. Do not wait to submit your application if you have not completed your blood testing.

For assistance with these questions, we strongly recommend that you review the CPSO policy on Blood Borne Viruses and FAQ.

Any conflicting or false responses will require written explanation. Applications not completed after one year will be considered withdrawn.

**Evidence of Canadian Citizenship or Permanent Resident**

One of the following is required:

1. Proof of valid Canadian citizenship (e.g. passport). Date of birth must be shown.
2. Proof of valid Permanent Resident status under the Immigration and Refugee Protection Act (photocopy of both sides of your Permanent Resident card issued by Citizenship and Immigration Canada)

**Disclosure of Criminal Record Information**

You are required to arrange for a criminal record check using the Canadian Police Information Centre (CPIC) database, which can be obtained from a municipal or provincial police service in Canada. A vulnerable persons check is always acceptable. Checks by third-party commercial vendors, including online vendors, and checks obtained from a service agency outside Canada are not accepted.

Ensure your criminal record check covers:

1. Current and all previous names;
2. Convictions and current charges – both are required
3. Correct date of birth

Please refer to the “Guide for Acceptable Criminal Record Checks” posted on the College’s website for additional assistance. Select the Registration menu at the top, followed by Registration Applications and Forms and access
the document on the right side of the page.

Once obtained, please forward your criminal record check to the College. Do not wait for your criminal record check to submit with your application, as this will delay the processing of your file.

If your check indicates a possible match in the CPIC system, fingerprint verification from the Royal Canadian Mounted Police (RCMP) will be required to complete the screening process. You will be notified if this applies to you.

You must take into consideration the Canadian criminal record check processing time of a minimum of 14 business days.

The results of a criminal record check remain valid 6 months from the date of issuance.

**Payment of Fees ($736.25)**

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee (non-refundable)</td>
<td>$411.25</td>
</tr>
<tr>
<td>Membership Fee</td>
<td>$325.00</td>
</tr>
<tr>
<td>Expedited Assessment Fee (optional)</td>
<td>$205.75</td>
</tr>
</tbody>
</table>

Fees must be submitted with your application. No assessment of your application will be made until the application fee is received. The application fee is non-refundable regardless of whether your application is incomplete, withdrawn or refused.

Note that for applicants who select the expedited assessment fee, the initial assessment for eligible applicants will be less than three weeks, which is currently the service standard. Note: expedited review does not include the time required to issue a certificate and is not available for applications that must be reviewed by the CPSO’s Registration Committee. If you are not eligible for this fee, you will be notified by the CPSO.

Payment must be made using Visa, American Express, MasterCard, money order or certified cheque (payable to the College of Physicians and Surgeons of Ontario). Please use the form provided by the College to authorize payment of fees by Visa, American Express or MasterCard. Personal cheques are not accepted.

Receipt of your payment of fees by the College does not confirm that you are eligible for registration nor does it confirm that your certificate of registration has been issued.

The application fee also includes Ontario Fairness Commissioner Registration Audit Recovery fee of $5.

Fees are subject to change. Applications are subject to fee amounts in effect at time of submission.
PART B: REQUIREMENTS TO BE SENT BY THIRD PARTY ORGANIZATIONS

• You must arrange for the documents below to be sent directly to the College by third party organizations.
• Source documents sent by you will be rejected.
• They must arrive by mail in an official, sealed and stamped envelope directly from the third party.
• Courier delivery is acceptable, but the documents inside the courier package must be in an official envelope that has been sealed by the source organization. Courier packages must be sent directly to the College.

Evidence of Medical School Graduation

In late May or early June, your medical school will provide the College with a list of its spring 2017 graduating class. If your name is not on the list, please arrange for a letter to be sent directly to the College from the Dean confirming your graduation in the spring of 2017.

Note to Quebec Graduates

Graduates from medical schools in Quebec must complete a Certification of Medical School Graduation form. Please arrange for this document to be sent directly from your school after you have officially graduated. Graduation forms received prior to graduation will not be accepted. You will be sent this form by e-mail once an initial assessment of your application has been completed.

Letter of Appointment to Residency

A signed and dated Letter of Appointment issued by the Postgraduate Medical Education Office of the Ontario medical school at which you have an appointment in a training program is required. The Postgraduate Office will send the Letter of Appointment to you for your signature. You must return it to the Postgraduate Office, not the College. The Postgraduate Office will then forward it to the College on your behalf. The Letter of Appointment might not be available until later in the application process. Applicants should continue with completion of other requirements while waiting for the Letter of Appointment.
2017 Canadian Medical School Graduates Application – Information about Certificate

Registration Committee Review

If your application presents any significant issues, review by the Registration Committee will be required. The Registration Committee meets once every four to six weeks, with a 5 week cut-off date preceding each meeting. CPSO staff will also request documents in addition to those outlined in this application package.

Postgraduate Education Certificate of Registration

Your Postgraduate Education certificate will carry the following standard terms, conditions and limitations:

1. The holder of this certificate shall practise medicine only as required by the postgraduate medical education program in which the holder is enrolled at [Ontario medical school];

2. The holder shall prescribe drugs only for in-patients or out-patients of a clinical teaching unit that is formally affiliated with the department where he or she is properly practising medicine and to which postgraduate trainees are regularly assigned by the department as part of its program of postgraduate medical education;

3. The holder shall not charge a fee for medical services;

4. The certificate expires on the earlier of the following times:
   a. When the holder is no longer enrolled in a program of postgraduate medical education provided by a medical school in Ontario; or when
   b. When the holder no longer holds Canadian citizenship, permanent resident status or a valid employment authorization under the Immigration Act (Canada).

Renewal of Postgraduate Education Certificate

Upon issuance of a certificate of registration, the applicant becomes a member of the College. Every Postgraduate Education certificate carries an expiry date, which is usually based on the academic year-end. If the training appointment is extended, it is the member’s responsibility to renew the certificate. It is an offence to practise with an expired certificate.

Renewal of a Postgraduate Education certificate requires a new Letter of Appointment from the Ontario medical school, payment of annual membership fee, and other documents as applicable.
Credit Card Payment Authorization for Postgraduate Education Certificate Fees

PLEASE NOTE: In order to comply with Payment Card Industry Data Security Standards, the College is not able to accept credit card payments by email or telephone. Faxed credit card payments will only be accepted if remitted directly to the Finance Department at (416) 967-2654.

For clarity, please complete this form electronically.

CPSO Number (or File#): 
Applicant Given Name(s): 
Applicant Surname: 
Street Address: 
Province/State: Postal Code/Zip: 
Email Address: Phone Number: 
City: 
Country: 

☐ $411.25 - Application Fee - Postgraduate Education  
☐ $325.00 - Membership Fee - Postgraduate Education  
☐ $980.00 - Application Fee - Restricted Registration for Residents

By selecting this fee, you acknowledge that you have read the Terms & Conditions with regard to a request for expedited initial assessment of your application. In doing so, you understand that an expedited review does not include the time taken to issue a certificate and that this service is not available for applications that require review by the College's Registration Committee.

☐ $205.75 - Expedited Assessment Fee - Postgraduate Education

I authorize The College of Physicians and Surgeons of Ontario to charge _______________ to my:

☐ VISA ☐ MasterCard ☐ American Express

Account Number

Expiry Date (MM/YY)

Cardholder Signature

Cardholder Name (Print) 
Date
APPLICATION FOR A CERTIFICATE OF REGISTRATION AUTHORIZING POSTGRADUATE EDUCATION FOR FINAL YEAR CANADIAN MEDICAL STUDENTS

Mail or courier the original application to the College. Ensure there are no missing pages. No action is taken on faxed / emailed applications or applications received without a non-refundable application fee.

CPSO File Number (if known) _________________

1. PERSONAL DETAILS

a) One black and white or colour photograph must be affixed above. Photograph must be full face, of passport size and quality, and taken within six months of submitting this application.
   The photograph of me attached hereto was taken on: ______/______/______

   b) ____________________________________________________________________________
   Last Name

   ____________________________  ____________________________
   First Name                        Middle Names

   c) Have you ever been known by any other names? Yes □ No □
   If “Yes”, provide your previous names: _____________________________________________
   Last Name

   ____________________________  ____________________________
   First Name                        Middle Names

   Evidence of name change must be submitted with application. Any discrepancy in how your name appears on the valid ID document submitted with application and the medical degree credentials must be explained.

d) Date of Birth: ______/______/______

e) Gender: Male □ Female □

f) Are you a Canadian Citizen? Yes □ No □
   If not by birth, date granted: ______/______/______

   Day       Month       Year
g) Do you hold Permanent Resident Status under the Immigration and Refugee Protection Act (IRPA)?

Yes □  No □

If “No”, are you now applying for Permanent Resident Status under IRPA? Yes □  No □

h) Do you hold an employment authorization (work permit) under the IRPA which enables you to undertake the postgraduate training appointment specified in your Letter of Appointment issued by the Postgraduate Medical Education office of an Ontario medical school where you have obtained such appointment?

Yes □  No □

If “No”, are you now applying for such an employment authorization under the IRPA? Yes □  No □

2. POSTGRADUATE TRAINING APPOINTMENT DETAILS

a) Anticipated Start Date: ______/______/______

b) Name of the Ontario medical school at which you have been offered a postgraduate training appointment:

___________________________________________________________________________________

c) Name of the department or program at which you have been offered a postgraduate training appointment:

___________________________________________________________________________________

d) Name of discipline in which you have been offered a postgraduate training appointment and training level:

___________________________________________________________________________________

3. CONTACT DETAILS

The mailing address you provide will be used as your official mailing address for communications from the College. The training appointment address you provide will be recorded in the College register and will be available to the public. Your mailing address will not be publicly available unless it is the same as your training appointment address. As part of the application process, you may receive information pertaining to your application that is confidential. It is therefore your responsibility to ensure that your email address is secure.

a) Email Address: ______________________________________________________________________

b) Present Mailing Address: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

Telephone Number: (____) ______ - ________

c) Future Ontario Mailing Address: _______________________________________________________

________________________________________________________________________

________________________________________________________________________

Effective Date: ______/______/______

Day       Month       Year

d) Ontario Training Appointment Address (hospital or clinic, if known): _______________________

________________________________________________________________________

________________________________________________________________________

Telephone Number: (____) ______ - ________
4. UNDERGRADUATE MEDICAL EDUCATION

a) Qualification title of your Medical Degree:
___________________________________________________________________________________

b) Name and Address of University or School of Medicine granting your Medical Degree:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

c) Date Expected to be Granted: ________/________/________
Day         Month            Year

d) Period of time you were enrolled at this University or School of Medicine:

From: __________________/__________ To:    __________________/__________
Month                                    Year                                      Month           Year

e) Before you graduated from the University or School of Medicine named above, did you attend any other University or School of Medicine to receive part of your medical education?

   Yes □         No □

If “Yes”, please specify:

<table>
<thead>
<tr>
<th>Name of University or School of Medicine</th>
<th>Location</th>
<th>From</th>
<th>To</th>
<th>Language of Instruction</th>
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5. Professionalism, Conduct, Character and Suitability to Practise Medicine

Each question must be answered carefully and honestly. Clarify any uncertainties with the College before you answer the questions. If you do not fully understand what a question means or how it should be answered, contact the College for assistance.

Any errors, discrepancies or omissions in your answers, no matter how minor, will delay your application and may require review by the College’s Registration Committee.

Ensure that you consider any past practice in Ontario when responding to questions and that your responses are consistent with those in any previous application you have made to the College.

For every “Yes” response, you must provide sufficient explanation and documentation. Without this, the College cannot proceed with your application. Later in the process, the College may ask you for further explanation or documentation.

If the events or circumstances behind any “Yes” response raise reasonable doubts about whether you fulfill the registration requirements, your application must be referred to the Registration Committee for review.

Be assured, however, that not every “Yes” response requires Registration Committee review, and that in either case your honest and frank disclosure will be appreciated by the College.

The College has a non-exemptible requirement for registration that the conduct of the applicant, including the applicant’s past conduct, affords reasonable grounds for belief that the applicant:

(i) is mentally competent to practise medicine,
(ii) will practise medicine with decency, integrity and honesty and in accordance with the law,
(iii) has sufficient knowledge, skill and judgment to engage in the medical practice authorized by the certificate, and
(iv) can communicate effectively and will display an appropriately professional attitude.

Knowingly giving a false response to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Ontario Health Professions Procedural Code.

a) Applications to Medical Licensing Authorities

In the following questions, “medical licence” includes any certificate of registration or permit to practise medicine of any type – full, limited, temporary, provisional, training, etc.

- For every “Yes” response, provide a detailed explanation including all relevant names and dates.

| (i) Have you ever applied anywhere for a medical licence and been refused? | Yes □ No □ |
| (ii) Have you ever been refused renewal of your medical licence? | Yes □ No □ |
| (iii) Are you currently applying for a medical licence in any jurisdiction other than Ontario? | Yes □ No □ |

b) Actions by Medical Licensing Authorities

In the following questions, “medical licensing authority” includes the College of Physicians and Surgeons of Ontario and any other licensing or regulatory authority that has had jurisdiction over your medical practice.

- For every “Yes” answer, provide a detailed explanation.

- For each complaint investigation outside Ontario, the College requires that you arrange for the medical licensing authority or other organization involved to forward all relevant information including, but not limited to, copies of the complaint, your formal response to the complaint, and the decision and reasons.

To facilitate this, the Consent to Release Information to the College of Physicians and Surgeons of Ontario form can be obtained by contacting Registration Inquiries at inquiries@cpsso.on.ca.
(i) **Regardless of the outcome**, have you ever been the subject of any complaint made to a medical licensing authority? *Be sure to disclose all complaints. Complaints that were dismissed, or closed with no further action, or otherwise resolved in any manner, must still be disclosed.*

| Yes □ | No □ |

(ii) Are you currently the subject of any complaint made to a medical licensing authority?

| Yes □ | No □ |

(iii) Have you ever been the subject of *any type* of investigation, inquiry or proceeding by a medical licensing authority relating to your professional conduct, competence, capacity, or any other aspect of your medical practice? *Be sure to disclose all medical licensing authority investigations, inquiries or proceedings, including any audits or assessments of your practice.*

| Yes □ | No □ |

(iv) Are you currently the subject of *any type* of investigation, inquiry or proceeding by a medical licensing authority relating to your professional conduct, competence, capacity, or any other aspect of your medical practice?

| Yes □ | No □ |

(v) Have you ever had a medical licence revoked, suspended, restricted, limited, or subjected to any other adverse action?

| Yes □ | No □ |

(vi) Have you ever voluntarily entered into an undertaking or agreement, or voluntarily restricted, resigned or surrendered your medical licence, either during or subsequent to an inquiry, investigation or proceeding relating to your professional conduct, competence, capacity, or to any other aspect of your medical practice?

| Yes □ | No □ |

(vii) Have you ever been required to enter into an undertaking or agreement, or been required to restrict, resign or surrender your medical licence, either during or subsequent to an inquiry, investigation or proceeding relating to your professional conduct, competence, capacity, or to any other aspect of your medical practice?

| Yes □ | No □ |

c) **LEGAL ACTIONS, SETTLEMENTS AND COURT FINDINGS**

- For each action or claim, provide an explanation of the events that led to the action, the patient’s condition at the point of your involvement, the nature and extent of your involvement, and the degree of your responsibility for the patient’s care. Also, provide copies of the statement of claim or complaint, statement of defence or response, court judgment or court order, and settlement agreement. If the supporting documents are not in your possession, contact the Canadian Medical Protective Association (CMPA) or your legal counsel to authorize release to the College.

- For past actions in Canada, contact a Medical Officer at the CMPA and authorize a report to be sent directly to the College that describes the action, your role in the events, and the outcome of the action. A report from your legal counsel will be required if the CMPA does not confirm the necessary details of the action.

- For current actions in Canada, contact your legal counsel and request a report to be sent directly to the College that describes the action, your role in the events and the present status of the action.

- For actions outside Canada, contact the legal counsel or insurance carrier and request a report to be sent directly to the College that describes the action, your role in the events and the outcome or present status of the action.

| (i) 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 □ |
| (ii) Is there currently any civil proceeding, legal action, insurance or other claim that is in any way related to your practice of medicine or your professional activities? | Yes □ | No □ |
| (iii) Have you ever agreed to a settlement or other resolution to avoid or resolve any civil proceeding, legal action or claim that was in any way related to your practice of medicine or your professional activities? | Yes □ | No □ |
| (iv) 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 professional activities? | Yes □ | No □ |
| (v) Have you ever been denied professional liability protection or insurance? | Yes □ | No □ |
d) CHARGES AND CONVICTIONS

In the following questions, “offence” includes driving offences such as impaired driving, dangerous driving, driving while suspended, refusing to give a breath or blood sample, or failing to stop at the scene of an accident – these are all major offences which must be disclosed. You need not disclose minor traffic offences, such as parking violations.

- For every “Yes” response, provide a detailed explanation and include copies of relevant documents, e.g. conviction, indictment or summons forms; conditional or absolute discharge orders; other court orders and records.
- If you have been granted a pardon for a past conviction, enclose a copy of the pardon document.

| (i) Have you ever pleaded guilty to, or been found guilty of, any offence? | Yes □ No □ |
| (ii) Have you ever pleaded no contest or made any similar plea to any charge? | Yes □ No □ |
| (iii) Are there any charges now pending against you for any offence? | Yes □ No □ |
| (iv) Have you ever been charged or arrested for any offence? | Yes □ No □ |
| (v) Have you ever entered a diversion program or other resolution process as an alternative to conviction or prosecution for an offence? | Yes □ No □ |

e) PRIVILEGES AND PROFESSIONAL EMPLOYMENT

- For every “Yes” response, provide a detailed explanation including all relevant names and dates.
- Arrange for the chief of staff, department head, executive officer, or employer to send directly to the College a report setting out the circumstances and reasons behind the action.

| (i) Have you ever been denied privileges or been denied appointment or reappointment to the medical staff of a hospital or other health facility? | Yes □ No □ |
| (ii) Have you ever withdrawn an application for privileges at a hospital or other health facility? | Yes □ No □ |
| (iii) Have you ever voluntarily relinquished or changed your privileges or resigned from a hospital, health facility, or any other place of employment either during, subsequent to or in expectation of, an inquiry, investigation or review that was in any way related to your professional conduct, competence, capacity, or any other aspect of your medical practice? | Yes □ No □ |
| (iv) Have your privileges ever been revoked, suspended, cancelled, reduced or otherwise changed by a hospital or other health facility? | Yes □ No □ |
| (v) Have your privileges or legal authority to purchase, prescribe, possess or dispense narcotic, controlled or designated drugs ever been restricted, reduced, withdrawn or surrendered? | Yes □ No □ |
| (vi) 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 professional conduct, competence, capacity, or any aspect of your medical practice? Be sure to disclose all such matters, regardless of outcome. | Yes □ No □ |
f) MEDICAL EDUCATION AND ACADEMIC CONDUCT

- For every “Yes” response, provide a detailed explanation including all relevant names and dates.
- If the matter is under appeal or has been successfully completed / remediated you must still answer “Yes”.
- For “Yes” responses, arrange for the undergraduate dean or the postgraduate dean or program director to send directly to the College a letter setting out the circumstances and reasons behind the matter.

### Undergraduate Medical Education

| (i) | Have you ever withdrawn from, or been expelled or suspended by a medical school? | Yes □ No □ |
| (ii) | Have you ever been put on probation or remediation by a medical school? | Yes □ No □ |
| (iii) | Have you ever taken a leave of absence of six months or longer from a medical school or otherwise interrupted your undergraduate medical education for six months or longer? | Yes □ No □ |
| (iv) | Have you ever transferred from one undergraduate medical education program to another? | Yes □ No □ |
| (v) | Have you ever been the subject of any type of investigation, inquiry or proceeding relating to misconduct of any type during your undergraduate medical education? | Yes □ No □ |
| (vi) | Has your enrollment in medical school been prolonged or extended for any reason beyond the standard curriculum completion time set by your medical school? | Yes □ No □ |

### Postgraduate Medical Education

| (vii) | Have you ever been dismissed, suspended or removed from a postgraduate medical training program? | Yes □ No □ |
| (viii) | Have you ever been put on probation or remediation during a postgraduate medical training program? | Yes □ No □ |
| (ix) | Have you ever taken a leave of absence of six months or longer from or otherwise interrupted a postgraduate medical training program for six months or longer? | Yes □ No □ |
| (x) | Have you ever transferred from one postgraduate training program to another without having fully completed the first program? | Yes □ No □ |
| (xi) | Have you ever withdrawn or resigned from a postgraduate medical training program? | Yes □ No □ |
| (xii) | Have you ever been the subject of any type of investigation, inquiry or proceeding relating to misconduct of any type during your postgraduate medical education? | Yes □ No □ |

### General

| (xiii) | Have you ever been investigated or sanctioned by any academic, research or medical educational body of any type for any violation of academic policy? | Yes □ No □ |
**g) MEDICAL CONDITIONS (GENERAL)**

In the following questions, “medical condition” includes any physical or mental disorder or illness.

- For every “Yes” response, provide a detailed explanation.
- For every “Yes” response you must also arrange for your treating physician(s) to send directly to the College a report on your medical condition setting out your diagnosis, course of treatment, current health and prognosis.

*(i)* Do you currently have any medical condition that affects or could affect your ability to practise medicine?  
Yes □  No □

*(ii)* Have you ever had any medical condition that has affected or could affect your ability to practise medicine?  
Yes □  No □

*(iii)* 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? Please take note that all medical leaves of absence must be disclosed, even those less than six months in duration.  
Yes □  No □

*(iv)* Are you now abusing, dependent on, or addicted to alcohol or a drug?  
Yes □  No □

*(v)* Are you being treated for abuse of, dependence on, or addiction to alcohol or a drug?  
Yes □  No □

*(vi)* Have you ever abused, been dependent on, or addicted to alcohol or a drug?  
Yes □  No □

*(vii)* Have you ever been treated for abuse of, dependence on, or addiction to alcohol or a drug?  
Yes □  No □

*(viii)* Do you now have a communicable disease or are you a carrier, whether asymptomatic or otherwise of an infectious agent of a communicable disease (i.e. latent TB)?  
Yes □  No □

**h) MEDICAL CONDITIONS (BLOOD BORNE VIRUSES)**

- For every response in bold, provide a detailed explanation.
- Once your application is assessed, the College will follow up with you regarding your responses and advise you of further requirements.

*(i)* Have you had your blood tested for Hepatitis C and HIV in the past 12 months?  
Yes □  No □

*(ii)* Are you infected with and/or have you had a positive blood test with respect to Hepatitis C or HIV?  
Yes □  No □

*(iii)* Have you been vaccinated against Hepatitis B virus?  
Yes □  No □

*(iv)* Have you had post-vaccination testing that confirms immunity to Hepatitis B virus? If “No”, answer (v) and (vi).  
Yes □  No □

*(v)* Have you had your blood tested for Hepatitis B virus in the past 12 months?  
Yes □  No □

*(vi)* Are you infected with or have you had a positive blood test with respect to Hepatitis B virus? If you test positive for the surface antibodies only, answer “No”.  
Yes □  No □
### i) GENERAL

- For every “Yes” response, provide a detailed explanation.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Have you ever ceased or interrupted or delayed commencement of postgraduate training or medical practice for any reason for six months or longer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii</td>
<td>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 an impediment to your application for a certificate of registration to practise medicine in the province of Ontario?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii</td>
<td>Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that might be relevant to your application for a certificate of registration to practise medicine in the province of Ontario?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### j) UNDERSTANDING, AGREEMENT and THIRD-PARTY AUTHORIZATION

1. I understand that I will be deemed by the College of Physicians and Surgeons of Ontario (the “College”) not to have satisfied the requirements and qualifications for a certificate of registration if, in connection with this application or any past application, I have made a false or misleading representation, either because of what was stated or left unstated.

2. I understand that any certificate of registration that results from this application is void and is deemed to have always been void if I have made any false or misleading representation or declaration on or in connection with this application, whether by commission or omission.

3. I agree that during the course of this application I will immediately notify the College in writing of anything that renders any response to the questions in this application, although true and complete when made, no longer true and complete. I understand that failure to notify the College of any such thing may void any certificate of registration that results from this application.

4. I understand that the College's registration and credentialing requirements are subject to change and that any such changes, including possible updates during the course of this application may apply to me. I understand that the maximum term of validity for most supporting source credentialing documents is six months from the date of issuance. I understand that if my application remains incomplete or inactive for one year, it will be considered withdrawn.

5. I understand that the submission of this application for registration to the College and any registration with the College that may result, shall constitute and operate as authorization by me for the College to make such inquiries about me of any kind that it considers appropriate in connection with this application and to disclose information about me to other medical licensing authorities, federations of licensing authorities, hospitals and other institutions to which I apply for appointment.

6. I understand that this Understanding, Agreement and Third-party Authorization is valid commencing on the date subscribed below and that this Understanding, Agreement and Third-party Authorization will remain in force and effect during the course of this application and until I no longer hold a certificate of registration issued by the College.

---

Print Full Name of Applicant

_____________________________________________________________

Signature of Applicant

_____________________________________________________________

Date: _______/ _______ / _______
6. **Professional Liability Protection**

Under the College’s registration regulation, applicants for registration must hold professional liability protection in compliance with the College’s by-laws, as follows:

*Each member shall obtain and maintain professional liability protection that extends to all areas of the member’s practice, through one or more of,*

(a) *Membership in the Canadian Medical Protective Association;*
(b) *A policy of professional liability insurance issued by a company licensed to carry on business in Ontario that provides coverage of at least $10,000,000;*
(c) *Coverage under the Treasury Board Policy on Legal Assistance and Indemnification (for Crown servants of Canada).*

**Undertaking by Applicant**

I, ____________________________________________, hereby undertake, agree, and consent to the College of Physicians and Surgeons of Ontario (“the College”) as follows:

1. Before I provide any medical service in Ontario to any person, I will obtain professional liability protection that complies with s. 50.2 of the College by-law. Specifically, my professional liability protection will extend to all areas of my practice and be provided through one or more of,
   a) membership in the Canadian Medical Protective Association (CMPA);
   b) a policy of professional liability insurance issued by a company licensed to carry on business in Ontario that provides coverage of at least $10,000,000.
   c) coverage under the Treasury Board Policy on Legal Assistance and Indemnification (for Crown servants of Canada).

2. Within thirty (30) days of obtaining such professional liability protection, I will sign and submit to the College a declaration to that effect, using the College form “Declaration by Member: Professional Liability Protection.”

3. I understand that after I am registered with the College and have identified the provider of my professional liability protection, the College may inquire with the provider regarding whether I have professional liability protection, and I hereby consent to disclosure of this information to the College by the provider of my professional liability protection.

4. I understand that I must have available in my office, in written or electronic form, for inspection by the College, evidence that I hold professional liability protection.

5. I understand that my registration with the College will expire when I no longer hold professional liability protection.

6. I understand that before each annual renewal of my College registration, I must sign a declaration that I hold professional liability protection.

7. I understand that a breach of this undertaking is an act of professional misconduct which may result in referral of a specified allegation against me of professional misconduct to the Discipline Committee of the College.

______________________________
Print Full Name of Applicant

______________________________
Signature of Applicant

Date: _______/ _______ / _______
Day         Month       Year
7. **CONSENT FOR RELEASE OF INFORMATION: MEDICAL INFORMATION NUMBER OF CANADA**

For the purpose of generating the Medical Information Number of Canada (MINC) number that will be permanently assigned to you or for checking the existing MINC number, completion of this part of consent section is required. Please read the details about the MINC system and answer the question below.

A not-for-profit corporation, Medical Identification Number for Canada, known as “MINC#NIMC”, has been incorporated by the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC) for the sole purpose of administering the MINC number system.

This number will be issued to all health care professionals who consent in writing. Once assigned, an individual’s MINC number will remain unchanged throughout his/her entire medical career. Assigned numbers are never reused and individuals will carry the same number even if they leave Canada and return, move between jurisdictions or change registration status.

The only information encoded in an individual’s MINC is a country code (CA for Canada) and a profession code (MD for Medicine). The MINC number does not imply any special privilege, rights or status; it is simply a series of letters and numbers for identification purposes.

When you consent, the College of Physicians and Surgeons of Ontario will submit your personal information to MINC#NIMC as follows: name(s) (and previous name(s) if applicable), gender, date of birth, country of birth and year and university of graduation, collectively referred to as the “Core Information”.

MINC#NIMC will use Core Information to either generate or confirm an existing MINC and will retain the Core Information and its associated MINC in its system for the purposes of identifying individuals and ongoing identity confirmation by Prime and Licensed Users of the MINC system.

“Prime Users” are those organizations that are authorized to request issuance of a MINC (the MCC and the twelve Canadian medical regulatory authorities). “Licensed Users” are those organizations that have contracted with MINC#NIMC to use these numbers.

Not-for-profit and public sector organizations that are involved in the education, certification, licensure or professional practices of physicians in Canada may apply to MINC#NIMC for a license to use the MINC system as a means of:

(i) Accurately identifying individuals with whom they have dealings,
(ii) Processing information relating to those individuals, and
(iii) Linking or exchanging physician information with other Licensed or Primary Users for Approved Purposes such as the compilation of statistics, the development of profiles, the administration of programs or benefits, the management of the health system and research.

Licensed Users agree to comply with MINC#NIMC’s Privacy Code, with privacy, security and confidentiality provisions, and with applicable privacy legislation as part of their licensing agreements. The only information that shall be disclosed to Licensed Users shall be the medical identification numbers for their own members. Prime Users will have controlled access to both the MINC number and Core Information to facilitate the performance of their regulatory responsibilities.

For a more complete description of MINC#NIMC, including its Privacy Code and a complete list of all Prime and Licensed Users and their approved uses, consult the MINC#NIMC website at www.minc-nimc.ca.

**Consent for Release of Information to the Medical Information Number of Canada**

I have read and understand the above information, and consent to the College of Physicians and Surgeons of Ontario’s release of the Core Information to MINC#NIMC for the purpose of generating a MINC number that will be permanently assigned to me or checking my existing Core Information with MINC#NIMC.

I further consent to MINC#NIMC storing the MINC number in its database and disclosing the MINC number to Prime and Licensed Users, as outlined above. I also understand that I may withdraw my consent to MINC at any time, by written notice to MINC#NIMC.

<table>
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<tr>
<th>Yes □</th>
<th>No □</th>
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Print Full Name of Applicant ____________________________ Date: _______/ _______ / _______

Signature of Applicant ____________________________ Day Month Year
8. DECLARATION

Subsections 92 (1) (a) and 92 (2) (a) of the Health Professions Procedural Code state:

92 (1) (a)  Every person who makes a representation, knowing it to be false, for the purpose of having a certificate of registration issued is guilty of an offence and on conviction is liable to a fine of not more than $25,000 and not more than $50,000 for a second or subsequent offence;

92 (2) (a)  Every person who knowingly assists a person in committing an offence under subsection (1) is guilty of an offence and on conviction is liable in the case of an individual, to a fine of not more than $25,000 and not more than $50,000 for a second or subsequent offence.

I, Dr. ____________________________

Full Name of Applicant

of the __________________________

Type of Municipality (City, Town or County) Name of Municipality (City, Town or County)

in the __________________________

Province, State or Country Name of Province, State or Country

hereby declare the following:

1) I am the person making the application for a certificate of registration to practice medicine in the Province of Ontario.

2) The photograph attached to the first page of the application is an unaltered photograph of me taken within six months before the application is 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 understand that I am not permitted to engage in any kind of medical practice in Ontario until I have actually been issued a certificate of registration authorizing such practice.

6) If the College of Physicians and Surgeons of Ontario issues a certificate of registration to me, I promise to comply with the regulations and by-laws of the College.

7) 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 by virtue of the Canada Evidence Act.

___________________________________________________________

Print Full Name of Applicant

___________________________________________________________

Signature of Applicant

Date: _______/ _______ / _______

Day       Month       Year