



## Declaration by Applicant: Professional Liability Protection

Under the College's registration regulation, applicants for registration must have professional liability protection in compliance with the College's by-laws.

Applicants are required to sign a declaration that they comply with s. 50.2 of the by-law, 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).*

**Complete and return this Declaration to the College as evidence of your professional liability protection.**

This form must be signed, dated and returned to the College no more than six months in advance of expected date of registration. An incomplete or outdated form will not be accepted.

Mail or fax completed form to: **Registration Department**  
**College of Physicians and Surgeons of Ontario**  
**80 College Street, Toronto, ON, Canada M5G 2E2**  
**Fax: (416) 967-2623**

**IMPORTANT! Do not complete this form if you do not yet have professional liability protection and are applying to the Canadian Medical Protective Association. Instead, complete the form "Undertaking by Applicant: Professional Liability Protection."**

**See over for Declaration...**

## Declaration by Applicant: Professional Liability Protection

I, \_\_\_\_\_, hereby declare  
*Full name of person applying for College registration*

to the College of Physicians and Surgeons of Ontario (“the College”) as follows:

1. I currently have professional liability protection that extends to all areas of my practice in Ontario.
2. My professional liability protection is provided through:
  - a) membership in the Canadian Medical Protective Association (“CMPA”), under membership no.: \_\_\_\_\_, or
  - 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, namely  
\_\_\_\_\_, or  
*name of company and your policy number*
  - c) coverage under the Treasury Board Policy on Legal Assistance and Indemnification (for Crown servants of Canada).
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 in compliance with s. 50.2 of the College by-law, 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 have professional liability protection.
5. I understand that my registration with the College will expire when I no longer have professional liability protection.
6. I understand that before each annual renewal of my College registration, I must sign a declaration that I have professional liability protection.
7. I understand that it is an offence under s. 92 of the *Health Professions Procedural Code* to make a false representation for the purpose of having a certificate of registration issued.
8. I understand that I will be deemed not to have satisfied the requirements and qualifications for a certificate of registration if I have made a false or misleading representation in this Declaration.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name of applicant*

\_\_\_\_\_  
*College reference number (if known)*

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**Note: Incomplete forms cannot be accepted and will be returned.**