



Undertaking 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, 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).*

This Undertaking must be completed if you do not yet have professional liability protection in Ontario and need to be registered with the College in order to qualify for professional liability protection. For example, if you are applying to the Canadian Medical Protective Association for the first time, you will need to complete this Undertaking.

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 An incomplete or outdated form will not be accepted.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**

Note: You will need to submit a Declaration to the College within 30 days of obtaining your professional liability protection. A form for this purpose will be enclosed with your certificate of registration.

See over for Undertaking...



Undertaking by Applicant: Professional Liability Protection

I, _____, hereby undertake,
Full name of person applying for College registration

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 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 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.

Signature of applicant

Date

Print name of applicant

College reference number (if known)

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

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