
Attestation Form – “As of Right” Legislation

“As of Right” legislation in Ontario allows qualified physicians assistants from certain other jurisdictions to work in Ontario temporarily while completing their registration with CPSO.

In order to pursue an application under “As of Right”, and to engage in the practise of medicine as a physician assistant in Ontario prior to my providing proof of having provided all required registration information to CPSO and obtaining registration, I agree and attest as follows:

I, _____, wish to engage in the practise of medicine as a physician assistant in Ontario and I have applied for registration with the College of Physicians and Surgeons of Ontario (CPSO).

- ☐ I hold the equivalent of an Ontario General Physician Assistants certificate from a Canadian or American jurisdiction (without any terms, limitations or conditions);
- ☐ There has been no finding of professional misconduct, incompetence or incapacity about or against me in a proceeding related to the profession;
- ☐ I am not the subject of any current professional misconduct, incompetence or incapacity proceeding, or any similar proceeding related to the profession;
- ☐ I am not currently the subject of any complaint made to or investigation by a medical licensing authority;
- ☐ I have never pleaded guilty to, or been found guilty of, any offence in any jurisdiction;
- ☐ I do not have any charges now pending against me for any offence in any jurisdiction;
- ☐ I have not been denied registration with a Canadian or American regulatory body within two years of applying for registration in Ontario;
- ☐ I hold professional liability insurance or benefits from professional liability coverage that extends coverage to Ontario;
- ☐ I have engaged in the practise of medicine as a physician assistant within the past (2) years of my application for registration in Ontario;

☐ I agree that I will only provide professional services as a physician assistant to residents of Ontario while the person is physically present in Ontario;

☐ I agree that I will not engage in the practise of medicine as a physician assistant in Ontario until I have submitted to CPSO a clear Judicial and Criminal Matters (Level 2) Police Criminal Record Check dated no earlier than six months prior to the date of my application for registration.

Declaration:

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 Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18.

1. I understand that I will be deemed by the College of Physicians and Surgeons of Ontario (the "College") not to have and not to have had, the standards and qualifications for a certificate of registration of any class if, on or in connection with this application or any past application, I have made a false or misleading representation or declaration, whether by commission or omission.
2. I understand that any certificate of registration that results from this application is null and 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 understand that any certificate of registration that results from this application is null and void if I have made any false or misleading representation or declaration on or in connection with this application, whether by commission or omission.
4. I understand it is a precondition for my registration with the College to submit and arrange for all supporting credentialing and fee requirements identified in this application. I further acknowledge to have reviewed the College's regulatory, policy and process-related documents as they apply to me in the context of this application.
5. I understand it is a precondition for my registration with the College to submit and arrange for all supporting credentialing and fee requirements identified in this application. I further acknowledge to have reviewed the College's regulatory, policy and process-related documents as they apply to me in the context of this application.
6. I agree that during the course of my 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.
7. I understand that I must submit all requirements and obtain registration in Ontario within 6 months from the date of my application.
8. 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.
9. I understand that the submission of this application for registration to the College, and any registration with the College that may result, shall authorize the College to make such inquiries about



CPSO

me of any kind that it considers appropriate in connection with this application, and disclose information about me to other medical licensing authorities, federations of licensing authorities, medical schools where I am or have been enrolled (including as a resident), and hospitals and other institutions, departments or clinics to which I apply for appointment or employment.

10. I understand that this Attestation is valid commencing on the date this application is submitted to the College and that this Attestation 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.
11. I understand that knowingly making a false representation for the purposes of obtaining a certificate of registration is an offence, and on conviction may result in a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence (s. 92(1) Health Professions Procedural Code).

Signature of the Applicant

Date (DD/MM/YYYY)