**NOVA SCOTIA PRACTICE READY ASSESSMENT PROGRAM (NSPRAP) CANDIDATE APPLICATION**

**Please complete all of the attached forms and return them electronically to: Nova Scotia Practice Ready Assessment** **info@nsprap.ca****.**

Please complete and return the candidate information form to the NSPRAP.

**PHOTOGRAPH**

Applicants must provide a current headshot with their application. A clear headshot may be taken with a phone, tablet or computer.

**CURRICULUM VITAE**

* Your curriculum vitae (CV/resume) should be current and provide the following information:
* The name of your medical school, the country your medical school is located in, and the year of graduation.
* A listing, in chronological order (month, year), beginning with the most recent, of all your postgraduate training appointments including hospitals, disciplines, durations and level of training.
* A listing, in chronological order (month, year), beginning with most recent, of all your professional work placements and practices including duration, location, discipline practiced, and level of responsibility exercised (please specify city/province/state/country).
* A listing of all your previous and current medical licenses (type and duration) in every jurisdiction since your graduation from medical school.
* A listing of any additional examinations, e.g. Medical Council of Canada examinations, USMLE, CST, ECFMG) which you have successfully completed.

**Any gaps longer than three (3) months in your history of training/practice must be explained inAppendix A.**

**Please also include any Letter of Employment for paid work experience.**

**Section 1: GENERAL INFORMATION**

Please note:You must provide your legal names, as clearly stated on all certificates.

Last Name: Surname / First Name / Middle Name(s) Click or tap here to enter text.

Previous name(s) Click or tap here to enter text. (If diﬀerent from above) Surname / First Name / Middle Name(s)

Oﬃce Address: Click or tap here to enter text.

Home Addresss: Click or tap here to enter text.

Oﬃce phone:Click or tap here to enter text. Home phone: Click or tap here to enter text.

Oﬃce fax: Click or tap here to enter text. Home fax: Click or tap here to enter text.

Email Address Click or tap here to enter text.

Gender [ ] Female [ ]  Male [ ]  Prefer not to disclose

Date of Birth (DD/MM/YYY): Click or tap to enter a date.

Country of Birth: Click or tap here to enter text.

Do you have a valid drivers license? [ ]  Yes [ ]  No

**Immigration Status**

[ ]  Canadian Citizen

[ ]  Permanent Resident

[ ]  Other Status If yes, please specify: Click or tap here to enter text.

Are you fluent enough to practice medicine in any language(s) other than English? [ ]  Y[ ] N

If yes, please specify: Click or tap here to enter text.

Physiciansapply.ca candidate code: Click or tap here to enter text.

Medical information Number for Canada (MINC) ID #: Click or tap here to enter text.

**Section 2: MEDICAL EDUCATION**

Degree: Click or tap here to enter text. Year received: Click or tap here to enter text.

Granting Institution: Click or tap here to enter text.

Country of institution: Click or tap here to enter text.

**Postgraduate Training (Internships, Residencies)**

Beginning with the most recent, indicate type (rotating, specialty, etc.) with dates and institutions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Training**  | **Discipline**  | **Institution**  | **Country**  | **Dates (mm/yy-mm/yy)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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**Section 3: ADDITIONAL DEGREES, DIPLOMAS, CERTIFICATES OR FELLOWSHIPS**

|  |  |  |
| --- | --- | --- |
| **Title of designation**  | **Conferring institution, university, college or board**  | **Year** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**Section 4: MEDICAL COUNCIL OF CANADA**

Do you hold the Licentiate of the Medical Council of Canada (LMCC)? [ ]  Yes [ ]  No

LMCC #: Click or tap here to enter text.

Registration Date: Click or tap to enter a date.

Medical Council of Canada Qualifying Examination – Part I(Year) Click or tap here to enter text.

Medical Council of Canada Qualifying Examination – Part II (Year) Click or tap here to enter text.# Click or tap here to enter text.

Medical Council of Canada NAC Examination (Year) Click or tap here to enter text.

Other (e.g., USMLE, ECFMG, FLEX)(Specify) Click or tap here to enter text. Year Click or tap here to enter text. # Click or tap to enter a date.

Have you ever written the Therapeutics Decision Making (TDM) examination?

[ ] No [ ] Yes Date:Click or tap here to enter text.[ ] Pass [ ] Fail

You must consent to sharing information from your [physiciansapply.ca](https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fphysiciansapply.ca%2F&data=05%7C02%7CPatricia.Heckbert%40nshealth.ca%7C45ef1732dc954cf9a58508dc298b23b5%7C8eb23313ce754345a56a297a2412b4db%7C0%7C0%7C638430924772170282%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=8fq32vTtqxzgRdSlrSepvuxjl%2BD34bj53vQ0er9XEpk%3D&reserved=0) account with the NSPAP.

**Section 5: PRACTICE EXPERIENCE**

Provide a brief resume of places, dates, and type of practice (e.g., Family or Specialty Practice)

|  |  |  |
| --- | --- | --- |
| **Type of Practice**  | **Location**  | **Dates (mm/yy-mm/yy)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**Independent Scope of Practice – Clinical Practice Settings**

Independent Practice is defined as being an active, independent family physician or general practitioner practising independently as the patient’s Most Responsible Physician. This means the physician is authorized to diagnose, plan, implement, manage and follow up with plan for treatment for a patient as well as order medications and diagnostic procedures. Work arrangements that do not qualify include volunteer positions, situations in which the physician is not the Most Responsible Physician, assistant work, observerships and preceptorships. Please indicate the time spent in each of the following clinical practice settings as it applies to your more recent three consecutive years of independent practice. Please note that the total amount of time must add up to 100%.

Ambulatory/Office Practice Click or tap here to enter text.%

Hospital Click or tap here to enter text.%

Emergency Click or tap here to enter text.%

Long term care Click or tap here to enter text.%

Other (please provide a description of the clinical practice Click or tap here to enter text.%

setting (max. 2000 characters)

**Total** **100%**

**Section 6: ADMINISTRATIVE EXPERIENCE**

Provide a brief resume of places, dates, and type of administrative experience

|  |  |  |
| --- | --- | --- |
| **Type of Practice**  | **Location**  | **Dates (mm/yy-mm/yy)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**Section 7: TEACHING EXPERIENCE**

Provide a brief resume of places, dates, and type of teaching experience.

|  |  |  |
| --- | --- | --- |
| **Type of Practice**  | **Location**  | **Dates (mm/yy-mm/yy)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**Section 8: PERSONAL INFORMATION**

**Licensure and Registration**

|  |  |  |
| --- | --- | --- |
| 8.1 | Have you ever applied for medical licensure, certificate of registration or permit to practice and had such application rejected? | [ ] Yes[ ] No |
| 8.2 | Have you ever withdrawn an application for medical licensure or registration voluntarily or otherwise? | [ ] Yes[ ] No |
| 8.3 | Are you currently the subject of any complaint, investigation or other proceeding in relation to your conduct, competence, character, capacity or fitness to practice by a regulatory licensing body or by any entity? | [ ] Yes[ ] No |
| 8.4 | Regardless of the outcome, have you ever been the subject of a review of your conduct, competence, character, capacity or fitness to practice whether arising from a complaint or otherwise? | [ ] Yes[ ] No |
| 8.5 | Have you ever, in expectation or during the course of an investigation or disciplinary proceeding, voluntarily entered into an undertaking or otherwise agreed to restrict your medical licence, certificate of registration or permit to practice or refrain from practice? | [ ] Yes[ ] No |
| 8.6 | Have you ever pleaded guilty to or been found guilty of professional misconduct, conduct unbecoming or found to be incompetent or incapacitated? | [ ] Yes[ ] No |
| 8.7 | Has there ever been any civil proceeding, legal action, insurance or other claim made against you that was in any way related to your practice of medicine or your professional activities? | [ ] Yes[ ] No |
| 8.8 | Is there now, or are you aware of any pending civil proceedings legal actions, insurance or other claims that are in any way related to your practice of medicine or your professional activities? | [ ] Yes[ ] No |
| 8.9 | Has a court ever made a finding against you in respect of a civil, proceeding legal action or claim that was in any way related to your practice of medicine or your professional activities? | [ ] Yes[ ] No |
| 8.10 | Have you ever agreed to a settlement as a means to resolve civil proceedings or in relation to any investigation, proceeding or disciplinary action with respect to your professional conduct, competence, capacity or fitness to practice? | [ ] Yes[ ] No |
| 8.11 | Have you been absent from practice for three continuous months or longer for any reason, including for the purpose of immigration? | [ ] Yes[ ] No |

**Health and Fitness to Practice**

|  |  |  |
| --- | --- | --- |
| 8.12 | Have you ever or do you presently suffer from any condition that may limit your ability to practice or constitute a risk to patients? | [ ] Yes[ ] No |
| 8.13 | Do you have a blood-borne communicable disease or condition, which by its nature, could place your patients at risk fi there were an inadvertent exposure? | [ ] Yes[ ] No |
| 8.14 | 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? | [ ] Yes[ ] No |
| 8.15 | Have you ever ceased or interrupted your medical practice for any reason for three months or longer? | [ ] Yes[ ] No |
| 8.16 | Have you ever or are you now abusing, dependent on, or addicted to alcohol or a drug? | [ ] Yes[ ] No |
| 8.17 | Have you ever or are you now being treated for abuse of, dependence on, or addition to alcohol or a drug? | [ ] Yes[ ] No |

**Criminal or Other Offences**

|  |  |  |
| --- | --- | --- |
| 8.18 | Have you ever been charged with, pleaded guilt to, been convicted of or found guilty of, any offence? (Excluding parking, speeding, or similar minor motor vehicle offences.) | [ ] Yes[ ] No |
| 8.19 | Have you ever pleaded no contest or made any similar plea to any charge? | [ ] Yes[ ] No |
| 8.20 | Are there any charges now pending against you for any offence? | [ ] Yes[ ] No |
| 8.21 | Have you ever entered into a diversion program or other resolution process as an alternative to conviction or prosecution for an offence? | [ ] Yes[ ] No |

**Privileges and Professional Employment**

|  |  |  |
| --- | --- | --- |
| 8.22 | Have you ever been denied privileges in a hospital or other healthcare facility? | [ ] Yes[ ] No |
| 7.23 | Have you ever voluntarily relinquished or changed your privileges or resigned from a hospital or other health facility, either during or subsequent to an inquiry, investigation or review that was in any way related to your professional conduct, competence or character capacity, fitness to practice or any other aspect of your medical practice? | [ ] Yes[ ] No |
| 8.24 | Have you ever resigned from a hospital or other healthcare facility while disciplinary action was pending? | [ ] Yes[ ] No |
| 8.25 | Have you ever withdrawn an application for privileges at a hospital, regional health authority or other healthcare facility? | [ ] Yes[ ] No |
| 8.26 | Have you ever had your privileges suspended, reduced or changed by a hospital or other healthcare facility for cause other than medical records? | [ ] Yes[ ] No |
| 8.27 | Are you now or have you ever been the subject of any type of investigation, inquiry, review or action by a hospital or healthcare facility, or any other place of employment relating to your conduct, competence, character, capacity, fitness to practice or any aspect of your medical practice? | [ ] Yes[ ] No |

**Undergraduate Medical Education**

|  |  |  |
| --- | --- | --- |
| 8.28 | Have you ever been dismissed, removed, suspended or put on probation or remediation during a postgraduate medical training program? | [ ] Yes[ ] No |
| 8.29 | Have you ever been the subject of any type of investigation, inquiry or proceeding by any educational institution including medical school relating to academic misconduct or relating to any issue respecting your conduct, competence, character, capacity or fitness to practise? | [ ] Yes[ ] No |
| 8.30 | Have you ever taken a leave of absence from or otherwise interrupted your undergraduate medical education for six (6) months or longer? | [ ] Yes[ ] No |
| 8.31 | Have you ever transferred from one undergraduate medical education program to another? | [ ] Yes[ ] No |

**Postgraduate Training**

|  |  |  |
| --- | --- | --- |
| 8.32 | Have you ever been dismissed, removed, suspended or put on probation or remediation during a postgraduate medical training program? | [ ] Yes[ ] No |
| 8.33 | Have you ever taken a leave of absence of, or otherwise interrupted a postgraduate medical training program of three months or longer? | [ ] Yes[ ] No |
| 8.34 | Have you ever withdrawn or resigned from a postgraduate medical training program? | [ ] Yes[ ] No |
| 8.35 | Have you ever been investigated or sanctioned by any academic, research or regulatory body for misconduct of any type or for any violation of academic policy? | [ ] Yes[ ] No |

**Miscellaneous**

|  |  |  |
| --- | --- | --- |
| 8.36 | Have you ever been restricted in your prescription of opiates or other controlled drugs? | [ ] Yes [ ] No |
| 8.37 | Have you ever been or are you being investigated by a billing agency? | [ ] Yes [ ] No |
| 8.38 | Have you ever been denied professional liability protection and insurance? | [ ] Yes [ ] No |
| 8.39 | Are you now subject to any contract, agreement, undertaking or obligation with any medical licensing authority, healthcare facility or other regulatory or governmental body that might be relevant to your application for a licence to practice medicine in the province of Nova Scotia? | [ ] Yes [ ] No |
| 8.40 | Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your conduct, competence, character, capacity or fitness to practice that might be relevant to your ability to practice medicine in the province of Nova Scotia? | [ ] Yes [ ] No |

**\*\*If you have answered “Yes” to any of the questions in this section, please explain in an**

 **attached letter.**

**Section 9: PREVIOUS AND CURRENT PRA ATTEMPTS**

Have you made previous Practice Ready Assessment (PRA) attempts? [ ] No [ ] Yes. If Yes, please provide dates. Click or tap here to enter text.

**Current PRA Attempt**

Are you currently participating in a PRA program in any Canadian jurisdiction? [ ] No [ ] Yes

If Yes, in which program?Click or tap here to enter text.

**Attestation:**

I confirm that I have truthfully disclosed the number of my previous and current PRA attempt(s). I understand that failure to disclose previous and current PRA attempt(s) may result in dismissal of my application to the NSPRAP.

[ ]  Check here to indicate that you attest to the above

**Section 10: CANDIDATE AUTHORIZATION and DECLARATION**

I hereby consent to allow the NSPRAP to make such inquiries about me as it considers necessary in connection with my practice ready assessment.

I further consent to allow the NSPRAP to disclose further information about me, including, for example, copies of this form and results of the Medical Council of Canada examinations, to medical regulatory authorities, federations of regulatory authorities, health authorities, hospitals and other institutions to which I apply for appointment, privileges or training.

I understand that if I am deemed not to have satisfied the requirements and qualifications for the practice ready assessment, in connection with this application, I have made a false or misleading representation, either because of what was stated or left unstated and that on that basis, my assessment will end.

**INFORMATION SHARING AND CONSENT**

Attestation of Clear Criminal Record I hereby attest that my criminal record check will not reveal any criminal activity or any other information of concern in any jurisdiction. I further attest that there are no prior or pending investigations, reviews, sanctions or proceedings against me in any jurisdiction. I acknowledge that failure to inform NSPRAP of any changes in my criminal record status will result in immediate withdrawal from consideration for the Nova Scotia Practice Ready Assessment Program.

Check here [ ]  I attest to the above.

**Information Collection**

I hereby consent to allow NSPRAP to utilize anonymized demographical and formative assessment information in program, research, renewal and evaluation.

Check here [ ]  I consent to the above.

**Consent to Share Information**

I hereby consent to share this application form with NSPRAP, the College of Physicians and Surgeons of Nova Scotia, the Nova Scotia Department of Health and Wellness and the Nova Scotia Health Authority. You must provide consent in order to be eligible for the NSPRAP.

Check here [ ]  I consent to the above

I understand that the completion of this application form is not a guarantee that I will be permitted to enter the NSPRAP.

Check here [ ]  I understand the above.

**DECLARATION**

**(please print)**

I, Click or tap here to enter text.

Of Click or tap here to enter text. Click or tap here to enter text.

 City/Town Province/State & Country

I hereby declare the following:

1. I am the person completing this application for practice ready assessment in Nova Scotia.

2. I have read, understood and signed the Candidate Application Form to which this declaration is attached.

3. The answers I have given to the questions in the application to which this declaration is attached are true, complete and made without intent to mislead.

Click or tap here to enter text. SIGNATURE OF CANDIDATE Click or tap to enter a date.DATE

Click or tap here to enter text. SIGNATURE OF WITNESS Click or tap to enter a date.DATE

**APPENDIX A**

**DECLARATION TO ACCOUNT FOR BREAKS OR GAPS IN TRAINING OR PRACTICE HISTORY**

**Instructions to applicant:**

Use this form to declare and account for all periods, since graduation from medical school, during which you did not practise medicine either as a postgraduate clinical trainee or as a clinical practitioner in any capacity.

Declare only those periods of time where you have not trained or practised for three or more continuous months; or if you have had a break of one month or longer for personal health reasons.

Enclose the completed declaration with your application package.

If you have not had any breaks in your training/practice you do not need to complete this form.

**Applicant’s declaration:**

[ ]  I ceased postgraduate training / practice medicine for three or more continuous months.

[ ]  I have had a break of one month or longer for personal health reasons.

[ ]  I have no breaks in my training or practise as above.

Dates (mm/yyyy to mm/yyyy) Reason for break (explain why you took a break, e.g. maternity leave, medical leave, immigration – attach additional pages if necessary).

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

Click or tap to enter a date. Click or tap here to enter text.

I make this declaration conscientiously believing it to be true, complete and made without intent to mislead.

Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date.

**Applicant’s signature Print name Date**

**APPENDIX B**

**Nova Scotia Practice Ready Assessment (NSPRAP)**

**Consent to Share Information Form**

Common application and registration standards are required as part of the pan Canadian National Assessment Collaboration Practice Ready Assessment process to facilitate consistent and clear communications for foreign trained physicians and to enable information-sharing across jurisdictions.

**Names of PRACTICE READY ASSESMENT (PRA) programs in various provinces:**

**NS:** Practice Ready Assessment – Nova Scotia – (NS PRAP)

**BC:** Practice Ready Assessment – British Columbia (PRA-BC)

**AB:** Provincial Physician Assessment Program – (PPAP)

**SK:** Saskatchewan International Physician Practice Assessment (SIPPA)

**MB:** Practice Ready Assessment – Family Practice (PRA-Family Practice)

**ON:** Ontario Practice Ready Assessment Program (OPRAP)

**NL:** Practice Ready Assessment – Newfoundland & Labrador (PRA-NL)

**NB:** Practice Ready Assessment - New Brunswick (PRA-NB)

By acknowledging the information enclosed in this form, you consent to sharing information on:

**Previous Practice Ready Assessment Attempts**

Please disclose any participation in other Practice Ready Assessment (PRA) Programs in any Canadian jurisdiction.

A PRA attempt is defined as starting the over-time assessment period. **A candidate may have a maximum of two-over-time assessment attempts in total in Canada within a five-year period (regardless of the provincial or territorial jurisdictions where the attempts take place).** Please note that some PRA Programs include a point-in -time assessment as part of their PRA. The maximum attempts and associated time period are determined by that Canadian jurisdiction. Point-in-time assessments alone are not considered PRA attempts as defined in this document.

Have you made previous Practice Ready Assessment (PRA) attempt(s)? [ ]  Yes [ ]  No

How many PRA attempts have you made? Click or tap here to enter text.

**Previous PRA attempts**

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

Have you appealed any PRA attempts? [ ] Yes [ ] No

If you have appealed any PRA attempts, list them here:

**Previous PRA appeals**

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

**Are you currently in any Canadian PRA program other than NS PRAP?** [ ]  Yes [ ]  No

PRA Jurisdiction Click or tap here to enter text. Date Attempt Initiated Click or tap to enter a date.

**Other Therapeutics Decision Making (TDM) Examination Attempts**

Please disclose whether you have previously taken the TDM examination, or if you are registered to take the examination in another jurisdiction within the next 6 months.

Previous TDM examination Attempts

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date. Result Click or tap here to enter text.

Future TDM examination Attempts

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date.

Jurisdiction Click or tap here to enter text. Date Click or tap to enter a date.

**Information Sharing and Consent**

I hereby authorize the NSPRAP to share the record of my PRA and TDM examination attempt(s). I understand any failure to disclose previous and current PRA and TDM examination attempts may lead to immediate termination in my participation in NSPRAP and/or invalidation of my examination results as well as prevention of my participation in future examinations.  It is my obligation to immediately notify NSPRAP if I commence any Canadian PRA program during NSPRAP’s screening, selection, and interview process.

My signature below indicates that I have read and agree to the information and consent to sharing as outlined above and that I have declared all prior PRA and TDM examination attempts.

Given name: Click or tap here to enter text.

Surname: Click or tap here to enter text.

MINC #: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Location: (City & Province) Click or tap here to enter text.

Date: Click or tap to enter a date.