

Physician Details

Full Name	
Phone Number (Mobile)	
Phone Number (Other)	
Mailing Address:	
Email Address:	
Specialty:	
Status at time of Application (residency, practicing, other)	<input type="checkbox"/> Practicing (or eligible) <input type="checkbox"/> Medical Resident <input type="checkbox"/> Other
Social Insurance Number (SIN)	

Eligibility Criteria

Please note that to be eligible you must:

- Have a signed offer letter from the Nova Scotia Health Authority (NSHA) specifying a community of practice. The offer letter must be submitted with this application.
- Be currently licensed with a medical regulatory authority in Canada.
If not yet licensed in Canada, you must hold your application until you become licensed.

Have you previously (either past or still current) entered into a Return of Service (ROS) agreement for a financial or educational incentive ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES above (have or had an ROS), please provide details:	
Have you ever practiced in Nova Scotia ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If you answered YES above (previously practiced in Nova Scotia), please provide details of your work history in Nova Scotia; specifically including the following information:</p> <ul style="list-style-type: none"> • Dates • Community (list all) • Types of Service in each community For example: office-based primary care, community specialist care – e.g., pediatrics, geriatrics, palliative care, hospital-based specialty services – e.g., hospitalist, emergency, ICU/CCU, surgery, anesthesia, et cetera) <p><i>You may attach a separate document for this purpose if you prefer.</i></p>		
<p>Have you signed a letter of offer with the health authority (Nova Scotia Health Authority)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Is a copy of the letter of offer included with this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>What university did you attend for postgraduate training (medical residency)?</p>		
<p>When did you complete your medical residency?</p>		
<p>If you have not completed your medical residency, when do you expect to graduate (month, year)?</p>		
<p>Are you currently licensed with a medical regulatory authority in Canada?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If you answered YES above (i.e., you have a license), please provide details. <i>You may attach a separate document for this purpose if you prefer.</i></p>	<p>Licensing Authority:</p>	
	<p>License Type:</p>	
	<p>License Number:</p>	
	<p>Effective Date:</p>	
<p>When will you be starting your new practice in Nova Scotia [specify date]?</p>		
<p>For family medicine physicians, do you agree to the following? <i>Please check all that apply.</i></p>	<input type="checkbox"/> Practice for five years in the community or communities specified in your Letter of Offer <input type="checkbox"/> Provide at least 50% patient-facing office-based primary care <input type="checkbox"/> Meet fee-for-service and/or shadow billing targets <input type="checkbox"/> Acquire a minimum 95% of your new patients from the Province’s Need a Family Practice Registry or through a transfer of a patients from another Nova Scotia physician	

<p>If you are a family medicine physician with a minimum of one year of postgraduate training in a specialty service, please select one of the eligible specialties.</p>	<input type="checkbox"/> FP Anaesthesia <input type="checkbox"/> CCFP -EM <input type="checkbox"/> CCFP-COE <input type="checkbox"/> CCFP-PC
<p>For family medicine physicians who have at least one year of postgraduate training in an eligible specialty service, do you agree to the following? <i>Please check all that apply.</i></p>	<input type="checkbox"/> Practice for five years in the community or communities specified in your Letter of Offer <input type="checkbox"/> Meet fee-for-service, shadow billing, and/or minimum service targets.
<p>For other specialist physicians, do you agree to the following? <i>Please check all that apply.</i></p>	<input type="checkbox"/> Practice for five years in the community or communities specified in your Letter of Offer <input type="checkbox"/> Participate in the call coverage rotation for your service <input type="checkbox"/> Meet fee-for-service and/or shadow billing targets

Practice Details

<p>In which Zone will your practice be located? <i>Please check all that apply.</i></p>	<input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northern <input type="checkbox"/> Western
<p>For physicians who will provide multiple services, please state the services you are planning to provide and an approximate weighting of each. For example:</p> <ul style="list-style-type: none"> • Family physician: <ul style="list-style-type: none"> ○ Office based care = 70% ○ Nursing home = 10% ○ Hospitalist = 20% • Anesthetist: <ul style="list-style-type: none"> ○ Hospital-based services = 90% ○ Chronic pain clinic = 10% <p><i>Please note that the practice details provided must be consistent with the information listed in your Letter of Offer. If the details listed are not consistent with your Letter of Offer, DHW will require a new Letter of Offer capturing these practice details.</i></p>	
<p>Facility Name(s) <i>State all facilities in which you will be practicing.</i></p>	
<p>Address(es) <i>Provide all addresses of facilities in which you will be practicing.</i></p>	

<p>Practice Start Date(s) <i>Provide the start date (or dates) for which you will commence your planned practice.</i></p>	
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Signature

Date

Email the completed form along with your letter of offer to: physician.resources@novascotia.ca