Credentialing Office
Charter Place
4th Floor 400C-1465 Brenton Street Halifax NS B3J 3T4
Fax: (902) 473-7433
Email: credentialing@nshealth.ca

NSH Application for Reappointment to Medical / Dental Staff

SECTION 1:

PRELIMINARY INFORMATION

Personal Information:

Full Name:	
Pronouns: He/Him She/Her They/Them Other: ____________________	
Date of Birth:	Email:
Home Phone:	Cell:
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone Number:	

Office Information:

Phone:	Fax:
Office Email:	
Address:	

License and Liability Coverage:

CPSNS / PDBNS #:	CMPA / CDSPI #:	CMPA Code:

Please list Primary Privileges:

Primary Zone*	Department	Facility or Community Based

Please list Secondary Privileges:

Secondary Zone	Department	Facility or Community Based

**Primary Zone is the zone where your main appointment is held. It not for the purposes of provincial call/reporting.*

Please answer the following questions for appointment to the correct NSHA Medical Staff Category:

1) Are you applying for locum privileges? Yes No
2) Are you applying for moonlighting privileges? Yes No
3) Are you applying for assistant/assisting privileges? Yes No
4) Will you require admitting privileges? Yes No
5) Are you currently applying under MOU with Dept of National Defence? Yes No

SECTION 2:

LEGAL / DISCIPLINARY / COMPLAINTS

1. Are you currently the subject of any complaint, investigation or other proceeding in relation to your professional conduct, competence, character, capacity or fitness to practice medicine by a regulatory body? Yes ☐ No ☐

If you responded "Yes" to Question 1, please complete area below in grey.

Under no circumstances should this area include any of Patient names, Patient information, or confidential medical information.

1. Is the complaint, investigation or other proceeding in relation to your professional conduct been resolved by the regulatory body and/or entity? Yes No

   - If not resolved active, has a hearing date been set? Yes No
     - If yes, then please provide the date (mm/dd/yyyy): ________________________

B. Was the complaint, investigation, or other proceeding in relation to your professional conduct dismissed by the regulatory body and/or entity Yes No

C. Did the licensing body or entity provide a ruling on the complaint, investigation or other proceeding? Yes No

   - What was the outcome of the complaint?

Under investigation Caution Reprimand Undertaking Dismissed

If the complaint has been ruled upon and the outcome was it was not Dismissed, please describe the nature of the issue in the box below, and the summary of the ruling. Please include if any restrictions or limitations have been imposed on your practice. Please do not include patient confidential information including patient names.

2. Since your last appointment, regardless of the outcome, have you ever been the subject of a review of your professional conduct, competence, character, capacity or fitness to practice medicine arising from a complaint or otherwise? Yes ☐ No ☐

3. Since your last appointment, in expectation of, or during the course of any investigation or disciplinary proceeding, voluntarily entered into an undertaking to restrict or to refrain from practice? Yes ☐ No ☐

4. Since your last appointment have you pleaded guilty to, or been found guilty of, or accepted a regulatory settlement or sanction acknowledging professional misconduct, conduct unbecoming, or like charges? Yes ☐ No ☐

5. Since your last appointment, have you been found to be incompetent or incapacitated? Yes ☐ No ☐

6. Since your last appointment has there been any civil proceeding, legal action, insurance or other claim that arose or was alleged to arise in whole or in part from your practice of medicine or your medical professional activities? Yes ☐ No ☐

7. Is there now, or are you aware of any pending civil proceedings related to your practice of medicine, legal actions, insurance or other claims that arose or was alleged to arise in whole or in part from your practice of medicine or your professional activities? Yes ☐ No ☐

8. Since your last appointment, has a court 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 ☐

9. Since your last appointment, have you 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 conduct, competence, character, capacity or fitness to practice medicine? Yes ☐ No ☐

10. Since your last appointment, have you been absent from practice for three months or longer for any reason other than a parental leave(s)? Yes ☐ No ☐

11. Since your last appointment, have you been denied privileges in a hospital or other health facility? Yes ☐ No ☐

12. Since your last appointment, have you voluntarily relinquished or changed your privileges or resigned from a hospital, health authority 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, character, capacity, fitness to practice medicine or any other aspect of your medical practice? Yes ☐ No ☐

13. Since your last appointment have you withdrawn an application for privileges at a hospital, health authority or other health facility? Yes ☐ No ☐

14. Are you now the subject of any type of investigation, inquiry, review or action by a hospital, health facility, or any other place of employment relating to your conduct, competence, character, capacity, fitness to practice medicine or any aspect of your medical practice? Yes ☐ No ☐

15. Have you ever had any restrictions in place regarding your prescription of opiates or other controlled drugs? Yes ☐ No ☐

16. Are you now subject to any contract, agreement, undertaking or obligation with any medical licensing authority, health authority or facility, or other regulatory or governmental body that might be relevant to your application for a license to practice medicine in the province of Nova Scotia? Yes ☐ No ☐

17. 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 application for registration / licensure to practice medicine in the province of Nova Scotia? Yes ☐ No ☐

18. Since your last appointment, have you left or been dismissed from your employment as a result of concerns your relating to professional conduct or concerns relating to matters of professional competence? Yes ☐ No ☐

19. Have you had your privileges to practice in a hospital or health authority revoked, withdrawn, altered in any way or not renewed as a result of concerns relating to your conduct or professional competence? Yes ☐ No ☐

HEALTH AND FITNESS TO PRACTICE

20. Do you have a blood-borne communicable disease or condition which, by its nature, could place your patients at risk if there were an inadvertent exposure? Yes ☐ No ☐

21. Since your last appointment, have you taken a medical leave of absence of more than Ninety (90) days from a medical school, a postgraduate medical training program or any professional position or employment? (excluding parental leaves) Yes ☐ No ☐

22. Since your last appointment, have you been advised by a treating physician to restrict your practice of medicine? Yes ☐ No ☐

23. Are you abusing, dependent on or addicted to alcohol or a drug that may compromise your current ability to practice medicine safely? Yes ☐ No ☐

24. Have you ever, or are you now being treated for abuse of, dependence on, or addiction to alcohol or drugs? Yes ☐ No ☐

If you have responded "Yes" to any of questions #2 through to #24, please provide a brief explanation in the space below. Again, please do not use Patient names. (For Question 1, see grey shaded area above). Note this form as a method to share is for the applicant's benefit. Other submitted formats for details to questions 2 to 24 are acceptable (eg: explanation on a separate page).

SECTION 3:

NSHA: MEDICAL / DENTAL STAFF RE-APPOINTMENT APPLICATION

The re-applicant hereby applies for membership on the Medical / Dental Staff of NSHA and for privileges of Practice as indicated below:

☐Active with Admitting	☐Active without Admitting (Facility)	☐Community
☐Probationary	☐Locum Tenens	☐Assistant
☐Affiliated	☐Other ___________________________________	

Note: If you are uncertain, Credentialing and DH will select the most relevant category for your appointment. Department Head and Cred Committee may adjust as required.

Privileges within the Department of: ____

If Privileges are in the Department of Family Practice, are you:

1. Doing Obstetrical deliveries

2. Working in the Emergency Room Declaration:

Declaration:

- I hereby affirm that I will abide by the NSHA Medical / Dental Staff Bylaws, and Rules and Regulations which includes workplace behaviour requirements
- I agree to abide by and be governed by the CMA Code of Ethics, maintaining a high standard of professional behavior, and NSHA Code of Conduct.
- Unless I am appointed within the "Community" category, I understand that my privileges are contingent on committee participation and attendance of >50% for General Medical / Dental Staff, Departmental, and my assigned committee meetings.

Exception:

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I hereby authorize the College of Physicians and Surgeons of Nova Scotia, and other Provincial or state licensing bodies, the Canadian Medical Protective Association or similar medical or dental protective agencies to release to NSHA:

a. Confirmation of Registration and licensure and membership and entitlement to coverage by protective agencies;
b. The nature of any terms or conditions, if any, which are attached to or apply to my license;
c. Any restriction or cancellation off my privileges by the Board of Directors of any hospital because of misconduct, insofar as this information has been reported to the College of Physicians and Surgeons of Nova Scotia.

_______________________   ________________________________

Date   Signature of Applicant

SECTION 4:

New Zonal Site Distribution – Privilege Sites

Please provide the name of your Primary Site for each Zone as applicable

Please check (✓) all secondary sites that you will be working at within Nova Scotia.

<table>
<tr><th>WESTERN Zone</th><th>NORTHERN Zone</th></tr>
<tr><td>
Primary Site: ____________________

Secondary Sites

☐SOUTH SHORE REGIONAL HOSPITAL
☐QUEENS GENERAL HOSPITAL
☐FISHERMAN'S MEMORIAL HOSPITAL

☐ROSEWAY HOSPITAL
☐YARMOUTH REGIONAL HOSPITAL
☐DIGBY GENERAL HOSPITAL

☐VALLEY REGIONAL HOSPITAL
☐SOLDIER'S MEMORIAL HOSPITAL
☐ANNAPOLIS COMMUNITY HEALTH CENTRE
☐WESTERN KINGS MEMORIAL HEALTH CENTRE
☐EASTERN KINGS MEMORIAL COMMUNITY HEALTH CENTRE
☐CHIPMAN DRIVE (MENTAL HEALTH AND ADDICTIONS)
</td><td>
Primary Site: ____________________

Secondary Sites

☐COLCHESTER EAST HANTS HEALTH CENTRE
☐LILLIAN FRASER MEMORIAL HOSPITAL
☐LLOYD E. MATHESON CENTRE

☐ALL SAINTS SPRINGHILL HOSPITAL
☐BAYVIEW MEMORIAL HEALTH CARE CENTRE
☐CUMBERLAND REGIONAL HEALTH CARE CENTRE
☐NORTH CUMBERLAND MEMORIAL HOSPITAL
☐SOUTH CUMBERLAND COMMUNITY CARE CENTRE

☐ABERDEEN HOSPITAL
☐SUTHERLAND HARRIS MEMORIAL HOSPITAL
</td></tr>
<tr><th>EASTERN Zone</th><th>CENTRAL Zone</th></tr>
<tr><td>
Primary Site: ____________________

Secondary Sites

☐ST. MARTHA'S REGIONAL HOSPITAL
☐GUYSBOROUGH MEMORIAL HOSPITAL
☐ST. MARY'S MEMORIAL HOSPITAL
☐STRAIT RICHMOND HOSPITAL
☐EASTERN MEMORIAL HOSPITAL

☐CAPE BRETON REGIONAL HOSPITAL
☐GLACE BAY HEALTH CARE FACILITY
☐NEW WATERFORD CONSOLIDATED HOSPITAL
☐NORTHSIDE GENERAL HOSPITAL
☐VICTORIA COUNTY MEMORIAL HOSPITAL
☐SACRED HEART COMMUNITY HEALTH CENTRE
☐INVERNESS CONSOLIDATED MEMORIAL HOSPITAL
☐BUCHANAN MEMORIAL COMMUNITY HEALTH CENTRE
</td><td>
Primary Site: ____________________

Secondary Sites

☐QEII HEALTH SCIENCES CENTRE
☐COBEQUID COMMUNITY HEALTH CENTRE
☐DARTMOUTH GENERAL HOSPITAL
☐EAST COAST FORENSIC HOSPITAL
☐EASTERN SHORE MEMORIAL HOSPITAL
☐HANTS COMMUNITY HOSPITAL
☐MUSQUODOBOIT VALLEY MEMORIAL HOSPITAL
☐NOVA SCOTIA HOSPITAL
☐TWIN OAKS MEMORIAL HOSPITAL
☐ADULT PREVENTION & TREATMENT SERVICES (APTS)
☐BAYERS LAKE COMM OUTPATIENT CLINIC
☐INTEGRATED CHRONIC CARE SERVICE (ICCS)

☐IWK HEALTH CENTRE (Health Authority)
</td></tr>
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