

PHYSICIAN APPLICATION

SECTION A —PHYSICIAN INFORMATION							
Surname:	Given Name & Initials:	Date of Birth:	Day	Month	Year		
		Sex:		M <input type="checkbox"/>	F <input type="checkbox"/>		
Country of Birth:			If Canada – which Province:				
Business Address (Mail will be sent to this Address):			Office Address: (If applicable)				
Postal Code:			Postal Code:				
Telephone Number:			Telephone Number:				
Fax Number:			Fax Number:				
Email Address:			Cell Number:				
SECTION B —EDUCATION AND LICENSING INFORMATION							
Original Degree Granting University:		Location:		Graduation Year:			
Nova Scotia College Licence Number:			Nova Scotia Licensing Date:		Day	Month	
						Year	
SECTION C —SPECIALTY INFORMATION IF APPLICABLE							
Specialty Received:		Degree Granting University:		Date of Certification:		NS College Licensing Date:	
				Day	Month	Year	Day
1)							
2)							
SECTION D —TYPE OF PRACTICE / SUBMITTER INFORMATION							
<i>Please enclose a covering letter detailing your plans to practice in Nova Scotia. (Full/Part time/Locum/Joining Group/Area).</i>							
*SUBMITTER NAME: _____				**SUBMITTER ID: (3 Letters) _____			
SECTION E —AUTHORIZATION							
I certify that the information given on this application form is accurate.							
SIGNATURE: _____				DATE: _____			

***SUBMITTER:** Name of individual or organization accredited by MSI to send service encounter transactions in an electronic format on behalf of service providers and to retrieve results electronically back from MSI

****SUBMITTER ID (3 Letters):** This is a unique identifier originally given to the Submitter, from MSI, attached to Business Arrangement Nos. to download electronic payment statements directly to the office that is billing for a provider. Form may be faxed back to (902) 469.4674 Toll-Free 1-877-910-4674 OR Emailed to: msiproviders@medavie.ca