

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

**DRAFT Application Form for Renewal for
Certificates of Registration authorizing Postgraduate Education**
(Draft dated: January 9, 2014)

APPLICATION CONDITIONS:

1. **No Delegation** – you must complete this form personally. No one can do it on your behalf.
2. **Professional Misconduct** – It is a professional misconduct to make a false or misleading report to the College.
3. **Due Date** – Application Form for Renewal must be submitted by [date].
4. **Any information you provide may result in your application being referred to the College's Registration Committee. You may also be asked to provide additional information for clarification.**
5. **Scope of Information** – Your answers must reflect all of your practice experience.

I acknowledge and understand the requirements for online application for renewal as outlined above.

SECTION 1 - FOR CPSO Communications only – not available to public

A. Contact Information:

- 1) Mailing Address
- 2) Email Address
- 3) Practice address

SECTION 2

B. Ontario Postgraduate Medical Training Program and Conduct/Leaves

- 1) Have you ever been, or are you now, dismissed, suspended, on probation, removed, or placed on leave from a postgraduate medical training program in Ontario?
Yes No
- 2) Have you ever taken a leave of absence of 2 years or longer from a postgraduate medical training program in Ontario?
Yes No
- 3) Are you now on a leave of absence which has exceeded 2 years or will exceed 2 years in the coming training year?
Yes No

C. Disciplinary Actions or Other Sanctions by Ontario Universities, Medical schools and other “Institutions” (see definition below)

Universities, medical schools, postgraduate medical training programs, hospitals, and other teaching sites (collectively referred to as “Institutions”) have Codes of Conduct for Students, as well as other policies, procedures, guidelines and statements that set out expectations for student conduct and behaviour. In this section, you are being asked to provide information about disciplinary actions or other sanctions taken by any Institution.

Examples of conduct or behaviour that might result in disciplinary actions or other sanctions include, but are not limited to:

- Absenteeism
- Plagiarism
- Disruptive Behaviour

Answer all of the following questions:

- A. Have you been disciplined or subject to any sanction by an Ontario Institution, the facts of which you have not previously disclosed to the College?
Yes No
- B. Are there any disciplinary actions, sanctions or other proceedings pending against you by an Ontario Institution, the facts of which you have not previously disclosed to the College?
Yes No
- C. Have you entered into an agreement with, or made a promise or given an undertaking to, an Ontario Institution in the face of potential disciplinary actions, sanctions or other proceedings, the facts of which you have not previously disclosed to the College?
Yes No

D. Registration in Other Jurisdictions

- 1) Are you registered with any other medical licensing authorities other than Ontario?

If yes, indicate the jurisdictions below [check boxes for provinces]

Alberta	<input type="checkbox"/>	Newfoundland & Labrador	<input type="checkbox"/>
British Columbia	<input type="checkbox"/>	Nova Scotia	<input type="checkbox"/>
Manitoba	<input type="checkbox"/>	Northwest Territories	<input type="checkbox"/>
New Brunswick	<input type="checkbox"/>	Nunavut	<input type="checkbox"/>
Prince Edward Island	<input type="checkbox"/>	Quebec	<input type="checkbox"/>
Saskatchewan	<input type="checkbox"/>	Yukon	<input type="checkbox"/>
United States of America	<input type="checkbox"/>	Other	<input type="checkbox"/>

2) Are you registered with any licensing authorities/regulators for other professions in Ontario or other jurisdictions?

Yes No

Other licensing authorities/regulators may include, for example:

- *Ontario College of Pharmacists*
- *Ontario College of Psychotherapists*
- *Royal College of Dental Surgeons of Ontario*
- *The Law Society of Upper Canada*

If yes, provide the names of the licensing authorities/regulators and their jurisdiction:

[OPEN TEXT BOXES]

DRAFT

SECTION 3

E. Disciplinary Actions in Other Jurisdictions

Examples of licensing authorities/regulators, both medical and non-medical in any jurisdiction, may include but are not restricted to:

- *College of Physicians and Surgeons of Alberta*
- *College of Pharmacists of British Columbia*
- *Royal College of Dental Surgeons of Ontario*
- *The Law Society of Upper Canada*

Answer all of the following questions:

- 1) Have you been disciplined by any licensing authority/regulator, the facts of which you have not previously disclosed to the College?
Yes No
- 2) Are there disciplinary actions pending against you by any licensing authority/regulator, the facts of which you have not previously disclosed to the College?
Yes No
- 3) Have you entered into an agreement with, or made a promise with or given an undertaking to, any licensing authority/regulator in the face of potential disciplinary action by the authority/regulator, the facts of which you have not previously disclosed to the College?
Yes No

F. Offences, Findings and Settlements

- *Information in this section will not be made public except question 2.*
- *The College is required by legislation to publish every finding of professional negligence or malpractice on the public register, unless the finding is reversed on appeal.*
- *"Finding" means any judgement or decision made against you by a court in relation to any lawsuit involving a patient. This includes, but is not limited to, a finding of negligence, malpractice or battery. It also includes findings in which you have been found by the court to be liable for the acts of others, including your employees or agents, in a lawsuit involving a patient.*
- *"Settlement" means an agreement to resolve a lawsuit involving a patient at any time during the proceeding. A settlement may or may not include payment made on your behalf to the patient or other parties in the lawsuit. You do not need to report a lawsuit that has been dismissed, discontinued, or withdrawn unless the lawsuit against you was dismissed, discontinued or withdrawn but included any payment of costs, admission of liability, and/or payment of money on behalf of the defence.*

Answer all of the following questions:

- 1) Have you ever been charged with any offence in Canada or elsewhere, the facts of which you have not previously disclosed to the College?
Yes No

(Include all offences under the Criminal Code of Canada, the controlled Drugs and Substances Act, the Food and Drugs Act or the Health Insurance Act or related legislation in any province or jurisdiction. In addition, include any other offences related to the practice of medicine.)

- 2) Has a court ever made a finding against you in any lawsuit involving a patient or someone acting on behalf of a patient, the facts of which you have not previously disclosed to the College?
Yes No

- 3) Have you ever made a settlement of any lawsuit involving a patient or someone acting on behalf of a patient, the facts of which you have not previously disclosed to the College?
Yes No

G. Personal Health Status

- Read the explanatory notes in this section carefully.
- Information provided in this section will not be made public.
- If you still have questions about how you should answer, call the College's Physician Advisory Service.

Answer all of the following questions:

- 1) Do you have an addiction or substance use problem (including alcohol) that may compromise your ability to practice medicine and for which you are not currently enrolled in the OMA's Physician Health Programme, the facts of which you have not previously disclosed to the College?
Yes No

- 2) a) In your postgraduate training program/practice, do you perform, or assist with exposure-prone procedures, or procedures that may become exposure-prone, as defined with the Physicians with Blood Borne Pathogens policy?
Yes No

- b) If yes to (a), have you had your blood tested for Hepatitis B, Hepatitis C, and HIV within the last 12 months?
Yes No

- c) If yes to (a), are you infected with or have you had a positive blood test with respect to Hepatitis B, Hepatitis C or HIV?
Yes No

*(For Hepatitis B, if you test positive for the antibody only, answer **No** here)*

The Physicians with Blood Borne Pathogens policy requires physicians who do exposure-prone procedures (EPPs) to know their personal serologic status with regard to HIV, HBV and HCV.

Physicians performing or assisting in performing exposure-prone procedures must be tested for blood borne pathogens (HBV, HCV and HIV) annually. The College has adopted the following definitions for EPPs from the Laboratory Centre for Disease Control (1998):

- *Digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations; or*
- *Repair of major traumatic injuries; or*
- *Manipulation, cutting or removal of any oral, perioral tissue, including tooth structures, during which blood from a health care worker has the potential to expose the patient's open tissue to a blood borne pathogen.*

For more information about exposure-prone procedures and answers to frequently asked questions about the College's Physicians with Blood Borne Pathogens policy [\[click here\]](#).

H. Professional Liability Protection

- *You must have professional liability protection that complies with the College by-laws, unless you comply with the criteria for exemption.*
- *You must complete this section whether or not you are practising in Ontario.*

Make a declaration and select at least one of the options provided below:

1) I Declare that I have PLP that extends to all areas of my practice

Yes No

If yes to H (1),

2) Select all applicable:

- a) I have professional liability protection through the Canadian Medical Protective Association (CMPA)
- b) I have professional liability protection through a policy of professional liability insurance from an Ontario licensed company that provides coverage of at least \$10 million.
- c) I have Canadian federal government coverage under the Treasury Board Policy on Legal Assistance and indemnification.

- d) I only provide medical service to other employees, not to any members of the public, and my employer's insurer will cover any professional liability claims made against me.

If no to H (1),

2) Select one:

- e) I currently practise medicine in Ontario but I do not have professional liability protection.
- f) I do not practise medicine in Ontario.

ACKNOWLEDGEMENT AND CERTIFICATION:

- I acknowledge that any information I provide may result in my application for renewal being referred to the College's Registration Committee for consideration as to whether I meet the registration requirements, and/or to the Inquiries, Complaints, and Reports Committee for consideration. I acknowledge I may also be asked to provide additional information for clarification.
- I am the member who completed and is submitting this **2015 Application Form for Renewal**. I acknowledge that it is professional misconduct to make a false or misleading report to the College of Physicians and Surgeons of Ontario.