

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 License Number:		Nova Scotia Licensing Date:		Day	Month
SECTION C —SPECIALTY INFORMATION IF APPLICABLE					
Specialty Received:	Degree Granting University:	Date of Certification:	Nova Scotia College Licencing Date:		
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