

## Postgraduate Resident Application - CMPA Rebate Only

<b>SECTION A —RESIDENT INFORMATION</b>					
Surname:	Given Name & Initials:	Date of Birth:	Day	Month	Year
		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	No Preference <input type="checkbox"/>
<b>Mailing Address</b> (Mail will be sent to this Address):		<b>Residency Start Date:</b>	Day	Month	Year
Postal Code:		Telephone Number:			
Email Address:					
<b>SECTION B —EDUCATION</b>					
Original Degree Granting University:	University Location:	Graduation Year:			
<b>SECTION C —LICENSING INFORMATION</b>					
Dalhousie Program Location (Province):			License Number (associated with program location):		
<b>SECTION D —BANKING INFORMATION</b>					
<p><b>* ONLY BANKING FROM CANADIAN INSTITUTIONS WILL BE ACCEPTED</b></p> <p><b>* A LINE OF CREDIT ACCOUNT WILL NOT BE ACCEPTED</b></p>					
Name of Financial Institution: _____					
Address: _____					
Phone Number: _____					
<b>SECTION E —BANK ACCOUNT INFORMATION</b>					
Bank Number: _____		Branch: _____		Account: _____	
<p><b>* PLEASE ENCLOSE A VOID CHEQUE OR CONFIRMATION OF BANKING INFORMATION/DIRECT DEPOSIT FORM (COPY ACCEPTED)</b></p>					
I hereby authorize Nova Scotia Medical Services Insurance to make deposits to my account at the financial institution described above. I will advise MSI of any changes in my account information. I certify that the information given on this application form is accurate.					
<b>Signature:</b> _____			<b>Date:</b> _____		

Forward application by mail, email, or fax:

**Mailing Address:** MSI, PO Box 500, Halifax, NS B3J 2S1

**Fax:** 902-469-4674

**Email:** msiproviders@medavie.ca