



THE COLLEGE OF
**PHYSICIANS
 & SURGEONS**
 OF MANITOBA

1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7
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 E-MAIL: EmergencyReg@cpsm.mb.ca

**MANITOBA MEDICAL REGISTER APPLICATION
 REGISTRATION IN CRITICAL EMERGENCY SITUATION**

Name.....

If legal change of name, please indicate.....

Present Mailing Address

E-Mail Address

Telephone Number Cell Number
 (your e-mail and/or phone numbers will be used to contact you regarding your emergency registration)

Date of Birth (*mm/dd/yyyy*)

MEDICAL DEGREE

Date (*mm/dd/yyyy*).....University/Medical College.....

MEDICAL IDENTIFICATION NUMBER FOR CANADA (MINC): CAMD -
 (If you do not have a MINC number, CPSM will provide the following information to the Medical Council of Canada to issue a number: name, DOB, sex, family name, given name, degree year, degree institution.)

A. IN WHICH PROVINCE/STATE ARE YOU CURRENTLY LICENSED AND PRACTISING?

.....
 (name of jurisdiction)

Licence/Registration Number Date of Registration(*mm/dd/yyyy*).....

B. WHERE IN MANITOBA DO YOU INTEND TO PRACTISE:

Location/Clinic/Office Address

.....
 (*full mailing address*)

Expected Start Date (*mm/dd/yyyy*).....

**THE COLLEGE RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION
 AS MAY BE REQUIRED AFTER A REVIEW OF THE APPLICATION**

D. PERSONAL INFORMATION

An applicant for registration must disclose the following information about himself or herself and his or her practice of medicine *or of any other profession*.

- 1. ANY OF THE FOLLOWING ACTIONS BY A BODY WITH AUTHORITY TO REGULATE A PROFESSION:
 - (a) HAVE YOU EVER BEEN THE SUBJECT OF A REVIEW OF YOUR CONDUCT, COMPETENCE, OR CAPACITY OR FITNESS TO PRACTISE, WHETHER ARISING FROM A COMPLAINT OR OTHERWISE?
No Yes Give Particulars
 - (b) ARE YOU CURRENTLY THE SUBJECT OF AN INVESTIGATION OR OTHER PROCEEDING IN RELATION TO YOUR CONDUCT, COMPETENCE, OR CAPACITY OR FITNESS TO PRACTISE?
No Yes Give Particulars
 - (c) HAVE YOU EVER BEEN THE SUBJECT OF A FINDING OF PROFESSIONAL MISCONDUCT, CONDUCT UNBECOMING, INCOMPETENCE, OR AN INCAPACITY OR LACK OF FITNESS TO PRACTISE?
No Yes Give Particulars
 - (d) HAVE YOU EVER BEEN DENIED AN APPLICATION FOR LICENSURE, REGISTRATION, PERMIT OR ANY OTHER AUTHORIZATION TO PRACTISE?
No Yes Give Particulars
 - (e) HAVE YOU EVER BEEN THE SUBJECT OF A SUSPENSION OF, RESTRICTION ON, OR REVOCATION OF LICENSURE, REGISTRATION, PERMIT OR ANY OTHER AUTHORITY TO PRACTISE?
No Yes Give Particulars
- 2. WITHIN THE LAST THREE YEARS, HAVE YOU BEEN THE SUBJECT OF ANY REVIEW OF YOUR CONDUCT, COMPETENCE, OR CAPACITY OR FITNESS TO PRACTISE, WHETHER ARISING FROM A COMPLAINT OR OTHERWISE, BY AN ENTITY OTHER THAN A BODY WITH AUTHORITY TO REGULATE A PROFESSION?
No Yes Give Particulars
- 3. HAVE YOU EVER BEEN, OR ARE YOU NOW, THE SUBJECT OF ANY RESTRICTION, TERMINATION OR SUSPENSION OF YOUR ABILITY TO WORK IN ANY PROFESSION OR OCCUPATION, OR IN ANY SETTING?
No Yes Give Particulars
- 4. HAVE YOU EVER SUFFERED FROM, OR BEEN TREATED FOR, OR ARE YOU CURRENTLY BEING TREATED FOR ANY PHYSICAL OR MENTAL CONDITION, DISORDER, OR ADDICTION TO ALCOHOL OR DRUGS THAT MAY COMPROMISE YOUR ABILITY TO PRACTISE MEDICINE SAFELY?
No Yes Give Particulars
- 5. HAVE YOU EVER ENTERED A GUILTY PLEA TO, OR BEEN CONVICTED OF A CRIMINAL OFFENCE OR AN OFFENCE UNDER ANY NARCOTIC OR CONTROLLED SUBSTANCES LEGISLATION?
No Yes Give Particulars

WARNINGS: THE MANITOBA MEDICAL ACT STATES THAT WHERE ANY PERSON PROCURES HIS REGISTRATION, OR CAUSES IT TO BE PROCURED, BY MEANS OF ANY FALSE OR FRAUDULENT REPRESENTATION, EITHER ORALLY OR IN WRITING, THAT PERSON'S REGISTRATION WILL BE CANCELLED.

DECLARATION

- 1. The information contained in this application is true to the best of my knowledge, information and belief.
- 2. I authorize the College of Physicians and Surgeons of Manitoba (the College), to make inquiries, written or verbal, of any licensing authority which has licensed or refused to license me, and/or of any of my previous employers, current employers, associates, partners or references, and I authorize any such authority or person to release to the College verbally and/or in writing as the College may request, such information as the College in its sole discretion may require relating to my application for registration.
- 3. I will keep the Registrar informed immediately of any change of office address while practising in Manitoba.

.....
Date (mm/dd/yyyy)

.....
Signature

Entering your name here constitutes your electronic signature upon submission of this form to the College.

I, _____, an applicant for registration with the College of Physicians and Surgeons of Manitoba ("the College") understand that

1. (a) one of the requirements for registration with the College is a criminal record check which
 - (i) is satisfactory to the College, and
 - (ii) which must include a check for a sexual offence for which a pardon has been granted or issued (a vulnerable sector search)¹,
2. The usual documentation requirements for registration are being waived.
3. My registration is valid only for the purposes of providing medical services in accordance with Section 13 of the Manitoba Medical Act²
4. I will limit my practise to those medical services for which I have had training and recent experience.
5. My registration will be cancelled within 30 days following the revocation of the emergency and that should I wish to re-apply for registration, I must meet the requirements then in effect.

I hereby request that the College issue registration on the basis of my representation that

- (1) I have a clear criminal record and vulnerable sector search.
- (2) That I have a current unrestricted licence to practise medicine, with no terms or conditions, issued by a regulatory/statutory licensing authority in either Canada or the United States.

I am aware that I have the right to seek legal advice with respect to this agreement. I am signing this agreement voluntarily and for the purpose of inducing the College to issue my registration solely for the purpose of providing medical services during the emergency.

DATE(mm/dd/yyyy)

SIGNATURE OF APPLICANT

Entering your name here constitutes your electronic signature upon submission of this form to the College.

¹ A Criminal Record Check for a Sexual Offence for Which a Pardon has been Granted or Issued is required for a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons. A search is made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

2 Registration if emergency

13.1(1) Despite anything in this Act or the regulations, the council may waive any requirements for registration under this Act and the regulations to allow a person who is authorized to practise medicine in another jurisdiction in Canada or the United States to practise medicine in the province during an emergency if the minister gives the council written notice that (a) a public health emergency exists in all or part of the province; and (b) after consulting with public health officials and any other persons that the minister considers advisable, he or she has determined that the services of a physician from outside the province are required to assist in dealing with the emergency.

Emergency need not be declared

13.1(2) The council may exercise its authority under subsection (1) even if no emergency has been declared under an enactment of Manitoba or Canada.

OFFICE USE ONLY FORM

EVIDENCE OF EMERGENCY MEDICAL SERVICES RECEIVED _____
Date (mm/dd/yyyy)

REQUESTED BY: Deputy/Assistant Deputy Minister of Health; Dr. Catherine Cook, Dr. Bruce Martin; Dr. Brock Wright

Application Approved Date(mm/dd/yyyy)_____

Registration Number Issued _____ Date (mm/dd/yyyy)_____

Application Not Approved Date(mm/dd/yyyy)_____

Reason for refusal _____

Signature _____
(Registrar or designate)