



PRESCRIBER REGISTRATION FORM

FOR POST GRADUATE RESIDENTS

PO Box 2200, Halifax NS B3J 3C6
T 902.496.7123 TF 1.877.476.7767
F 902.481.3157
www.nspmp.ca

SECTION A – CONTACT INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: ____/____/____ DD / MM / YYYY	COUNTRY OF BIRTH:	GENDER:

OFFICE ADDRESS (DUPLICATE PADS WILL BE SENT TO THIS LOCATION):

NAME: (AS YOU WOULD LIKE IT TO APPEAR ON PADS):
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ADDRESS LINE 1:
ADDRESS LINE 2:

CITY/TOWN: PROVINCE:

POSTAL CODE:

TELEPHONE NUMBER: FAX NUMBER:

EMAIL:

SECTION B – EDUCATION AND LICENSING INFORMATION

ORIGINAL MEDICAL DEGREE		
GRANTING UNIVERSITY:	COUNTRY:	GRADUATION YEAR:
PROVINCIAL LICENSE NUMBER:	MEDICAL IDENTIFICATION NUMBER OF CANADA (MINC) – IF APPLICABLE:	

SECTION C – TYPE OF PRACTICE

PLEASE LIST YOUR SPECIALTY/SPECIALTIES:

PROGRAM DIRECTOR: DEPARTMENT: TELEPHONE:

SECTION D - AUTHORIZATION

THE PMP REGULATIONS REQUIRE THAT THE ABOVE INFORMATION BE COLLECTED; INCOMPLETE FORMS CANNOT BE PROCESSED.

I CERTIFY THAT I AM IN GOOD STANDING WITH THE PROVINCIAL LICENSING BODY AND THAT THE INFORMATION GIVEN ON THIS REGISTRATION FORM IS ACCURATE.

SIGNATURE: **DATE:**



PGY1 Registration Form Instructions

Please note that registration forms need to be **complete** in order to receive duplicate prescription pads.

A valid provincial license number is required.

Section A:

- All fields need to be completed as required by NSPMP's regulations and legislation.
- The address used needs to be the practice area where pads will be sent - this cannot be a residential address or an out of province address (except if practicing in NB).
- The address supplied is where the prescription pads will be delivered **by courier**. ***The address must be a complete, physical address*** where a courier can obtain the signature of a responsible person that will safeguard the prescription pads - it cannot be a P.O. BOX. You may use your home program's address.

- The address should include:

- Health center name
- Area of specialty
- Street address
- Building name
- Floor
- Room number
- City/town
- Province
- Postal code

Example:
QEII HSC
Oncology Dept.
Bethune Building, 8th floor, Room
505
123 Queen Street West
Halifax, Nova Scotia
B2A 5X5

- The telephone number is a number where a pharmacist can contact you; it cannot be a residential number. You may use your home program's phone number.

Section B:

- Please indicate where your medical degree was (or is being) obtained.
- Your NS provincial license number.

Section C:

- Indicate your area of specialty (or specialties).
- Indicate your Program Director's information.

Section D:

- Please sign and date as indicated.
- Please note: **Incomplete forms will not be processed.** A complete physical address and telephone number is required.

Important Notes:

- Once registered with the NSPMP, residents can contact the Program to order duplicate prescription pads