



PRESCRIBER REGISTRATION FORM

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 (MANDATORY) – CONTACT INFORMATION

SURNAME:		FIRST NAME:		MIDDLE NAME:	
DATE OF BIRTH: <div style="text-align: center;"> ____/____/____ DD / MM / YYYY </div>		COUNTRY OF BIRTH:		GENDER:	
OFFICE ADDRESS (DUPLICATE PADS WILL BE SENT TO THIS LOCATION): NAME (AS YOU WOULD LIKE IT TO APPEAR ON PADS) <div style="border: 1px dashed black; width: 150px; height: 30px; margin: 5px 0;"></div> ADDRESS LINE 1 ADDRESS LINE 2:			CORRESPONDENCE ADDRESS (OPTIONAL): ADDRESS LINE 1: ADDRESS LINE 2:		
CITY/TOWN:		PROVINCE:		CITY/TOWN:	
POSTAL CODE:		POSTAL CODE:		PROVINCE:	
TELEPHONE:		TELEPHONE:		TELEPHONE:	
FAX NUMBER:		FAX NUMBER:		FAX NUMBER:	
EMAIL:		EMAIL:		EMAIL:	

SECTION B (MANDATORY) – EDUCATION AND LICENSING INFORMATION

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

SECTION C (MANDATORY) – TYPE OF PRACTICE

PLEASE LIST YOUR CURRENT PRACTICE SETTING/SPECIALTY OR SPECIALTIES:

DO YOU PRACTICE IN A CLINICAL GROUP /COLLABORATIVE PRACTICE SETTING? YES NO

IF YES, PLEASE *PRINT OR ATTACH LETTERHEAD* WITH THE NAMES OF THE OTHER PROVIDERS THAT MAY PRESCRIBE FOR YOUR PATIENTS:

SECTION D (MANDATORY) - 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:** _____



PRESCRIBER REGISTRATION FORM INSTRUCTIONS

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

A valid provincial license/registration 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.
- 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.
- The address should include:
 - Health center name
 - Street address
 - Building name (if applicable)
 - Floor (if applicable)
 - Room/Suite number (if applicable)
 - City/town
 - Province
 - Postal code
- The telephone number is a number where a pharmacist can contact you; it **cannot** be a residential number.

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

Section B:

- Please indicate where your degree was obtained.
- Your NS provincial license/registration number.
- The Medical Identification Number of Canada (MINC) applicable to physicians only.

Section C:

- Indicate your practice setting and area of specialty (or specialties).

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, prescribers will be issued 1 duplicate prescription pad. If a pad is not required please indicate that on the registration form. Additional duplicate prescription pads can be ordered, in allotments of 1, 3 or 6, by contacting the NSPMP at 1-877-476-7767 or 902-496-7123.
- PMP can only maintain one NSPMP address record for prescribers so if you practice at various locations please indicate an address where pads can be delivered to. If necessary to have duplicate prescription pads produced with different addresses, PMP can update the NSPMP address file accordingly and issue new duplicate prescription pads. However, it is important that prescribers ensure appropriate duplicate pad security is maintained for pads at various locations.