



NOVA SCOTIA
Podiatry Association

NSPA Membership Application Form

Note: Please read the Application Instruction Guide before completing this form.

Personal Information

Name	Last		First	Initial(s)
Address				
City			Province	
Postal code			Country	
Telephone	Home		Work	
	Mobile		Fax	
Email				
Place of birth				
Date of Birth (dd/mm/yyyy)				
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Are you a Canadian citizen or permanent resident of Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Citizenship _____				
If "yes", please provide a certified copy of your Canadian birth certificate, citizenship card or proof of permanent residency status.				
If "no", please provide details of your current citizenship and a certified copy of the authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of podiatry in Canada.				
Is the name on your application different than the one on your degree certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If "yes" please provide details _____				
Date of name change _____ Location _____				
Please provide a certified copy of a legal document certifying name change, i.e. Marriage certificate, Legal name change decree, etc.				

FOR OFFICE USE ONLY

Date Received

Registration Number

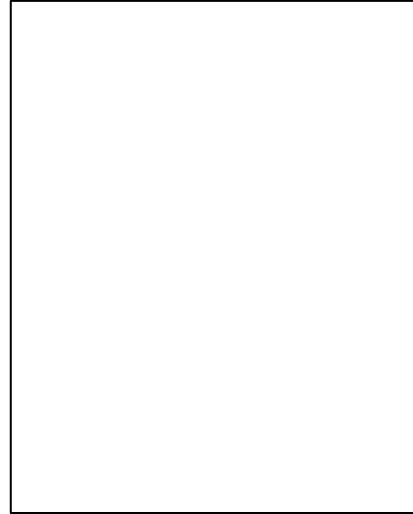
Registration Date

Photograph

Please attach a passport style photograph taken within the last twelve (12) months.

The photograph must be countersigned by someone who has know you for at least two (2) years (see Application Instruction Guide for instructions and more details)

Attach photo here



I certify that this is a true likeness of

applicants title and full name

Signature of countersignatory

Name			
Address			
City		Province	
Postal code		Country	
Profession		Years Known applicant	

Education

Undergraduate Education	
Name of institution	
Date of Graduation	
Degree	
Podiatric Education	
Name of Institution	
Date of Graduation	
Degree	
Graduate Education	
Name of Institution	
Date of Graduation	
Degree	

Please provide certified true photocopies of all degrees and certificates.

Residency/Fellowship Training

Name of Institution	
Training Program	
Dates	
Name of Institution	
Training Program	
Dates	
Name of Institution	
Training Program	
Dates	
Name of Institution	
Training Program	
Dates	
Name of Institution	
Training Program	
Dates	

Make additional copy(ies) of this page if more space is required

Previous and Current Employment

Employee/self employed status for each place of employment of your **FULL** employment history, including dates and addresses (please note that any gaps in history must be explained).

Dates From		To	
Employment Status	Employed	Self-Employed	(circle which applies)
Position			
Employer Name			
Address			
City		Province	
Postal code		Country	
Telephone		Fax	
Dates From		To	
Employment Status	Employed	Self-Employed	(circle which applies)
Position			
Employer Name			
Address			
City		Province	
Postal code		Country	
Telephone		Fax	
Dates From		To	
Employment Status	Employed	Self-Employed	(circle which applies)
Position			
Employer Name			
Address			
City		Province	
Postal code		Country	
Telephone		Fax	

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Licences

List **ALL** Provinces/States/Countries where you have ever held a license to practice podiatry or any other profession.

Licensor Name			
Address			
City		Province	
Postal code		Country	
Licence Number			
Date Issued/commedced		Date Expired	
Licensor Name			
Address			
City		Province	
Postal code		Country	
Licence Number			
Date Issued/commedced		Date Expired	
Licensor Name			
Address			
City		Province	
Postal code		Country	
Licence Number			
Date Issued/commedced		Date Expired	

Please provide certified true photocopies of all Licences.

Association Memberships

List **ALL** professional associations in which you are or have been a member of

Name of Association			
Dates of Membership	From		To
Name of Association			
Dates of Membership	From		To
Name of Association			
Dates of Membership	From		To

Please provide certified true photocopies of all Association Memberships.

****Make additional copy(ies) of this page if more space is required****

Employment Location

Will you be employed or self-employed? Employed Self-employed (circle which applies)

Please provide your clinic details or the name of your employer and address

Employer Name			
Address			
City		Province	
Postal code		Country	
Telephone		Fax	

Continuing Competency Requirements / CPD

Current in First Aid/CPR YES NO

Expiration date of certification _____ (please provide a certified true copy of your certificate)

Continuing competence / education requirement for current jurisdiction

- a. Number of education hours required _____
- b. Timeframe for achieving credits _____
- c. Number of credits achieved in this timeframe _____

Please provide any additional information regarding continuing competency / CPD here

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Insurance Requirements

As part of the Nova Scotia Podiatry Association mandate to protect the public, all members of the Nova Scotia Podiatry Association are required to procure appropriate medical liability insurance on a yearly basis, and required to supply proof of insurance to the Registrar every year.

Criminal Record Check

Due to the variety of patients that we may treat each applicant must obtain a police **Criminal Record Check** including a **Vulnerable Sector Check** from all jurisdictions where you have lived and send the results with your application. You can obtain the required forms from your local RCMP detachment. International applicants must supply a certified true copy of their equivalent police check.

Standards and Ethics Documents

As part of the application pack you were provided with the following three documents, please read and initial the statement below:

- NSPA Standards of Practice
- NSPA Code of Ethics

I hereby confirm that I have received, read and understood the two documents stated above and that I will, as a member of the Nova Scotia Podiatry Association, abide by the rules and regulations stated within these two documents.

Signature

Delcaration

I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my application or submit falsified documentation, I shall be deemed not to have satisfied the requirements for a Certificate of Membership. I further understand and agree that if a Certificate of Membership should be issued to me based upon a false or misleading statement, representation or documentation then the Certificate is void.

I understand that failure to submit the required information with my completed application form will result in a delay in the processing of my application or refusal.

Taken and declared before me at _____
this _____ day of _____, 20_____

Notary Public, Lawyer, Commissioner for Oaths, Officer of an Embassy or Consulate
(Official seal, stamp, or business card must be provided.)

Signature of Applicant

(APPLICATION VALID FOR 3 MONTHS FROM THE DATE OF SIGNING)

References

You are required to obtain two (2) referee's with their names, contact details, profession and how long they have known you. They must have known you for a minimum of two (2) years and cannot be a family member.

Referee 1

Name			
Address			
City		Province	
Postal code		Country	
Profession		Years Known applicant	

Signature of Referee

Date (dd/mm/yyyy)

Referee 2

Name			
Address			
City		Province	
Postal code		Country	
Profession		Years Known applicant	

Signature of Referee

Date (dd/mm/yyyy)