ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Practice Eligibility Route to Certification for Specialists (PER)

PHYSICAL MEDICINE & REHABILITATION

This is a fillable form. Please print and sign when completed.

Complete the following application forms:

☐ **Form A:** Application form

☐ **Form B:** Payment information

☐ **Form C:** Declaration of understanding and release of information
- **This form must be printed, signed, and dated by you and a witness**

☐ **Form D:** Scope of practice
- Describes your current scope of practice. This is reviewed by members of your discipline's specialty committee ensuring that your current practice profile has the necessary breadth to be assessed for the specialty.

☐ **Attach an up-to-date CV summarizing the following:**

- Medical school name, graduating year, country
- Postgraduate training appointments: *start and end dates (month/year), number of months, hospital/university, specialty, level of training*
- Specialty certification(s) received: *date, name of certification, jurisdiction (country/province/state etc.)*
- Practice details: *start and end dates (month/year), type of practice, location (city/province/state/country etc.)*
- All your previous and current medical licenses from every jurisdiction since your graduation from medical school: *date, type, jurisdiction (country, province, state etc.)*
- Explain any gaps longer than three (3) or more consecutive months in your history of training and practice.

Important Notes

- Return all forms completed in full to the Royal College using the contact information below
- You will receive e-mail confirmation that your application has been received
- The Royal College will remain in contact with you via e-mail. Contact coa@royalcollege.ca or update your contact information online at www.royalcollege.ca/coa
  Please ensure that we have your current e-mail address on file
- Applications will be reviewed in the sequence in which they are received
- You will be contacted directly if we require any additional information

Contact Information

Web: royalcollege.ca/per
Phone: 1-800-267-2320
Fax: 613-730-3707
E-mail: per@royalcollege.ca

Mail: Royal College of Physicians and Surgeons of Canada
Credentials Unit
774 Echo Drive
Ottawa, ON K1S 5N8

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PHYSICAL MEDICINE & REHABILITATION

Verification of your postgraduate medical education (PGME) and practice documentation:

Copies of any Canadian licensure and training documentation should be included with your application.

All international licensure and training documentation must be source verified by physiciansapply.ca.

- Open an account with physiciansapply.ca (physiciansapply.ca will establish a confidential, lifetime portfolio for you).
- Upload the required documentation.
- Activate sharing to allow the Royal College to view your source verified documents.

Evidence of practice as an independent specialist in the specialty applied for:	
☐ Non-Canadian licensure: Submit to **physiciansapply.ca** for verification ☐ Canadian licensure: Submit to **per@royalcollege.ca** for verification	**Proof of practice for your last five years of practice** • Provide a copy of specialist licensure for all of the jurisdictions that you currently hold or have held licensure to practice • Include your current medical license to practice in Canada
☐ Submit to **physiciansapply.ca** for verification	**Proof of eligibility to practice as an independent specialist in the jurisdiction of training** • Copy of licensure from the jurisdiction of training showing that you practiced as an independent specialist in the specialty applied for ***and / or*** • Specialty certificates/diplomas received from jurisdiction of training
☐ Submit to **per@royalcollege.ca** for verification	**Certificate of Professional Standing** • Order a Certificate of Professional Standing from your Medical Regulatory Authority (MRA). The certificate must be ordered by you and sent to the Royal College directly • In general there is an online link on your MRA website to release the certificate to the Royal College
Evidence of specialty training	
Note: If the Royal College has already completed an assessment of your specialty training due to an application through an alternate route, additional verification of your training by physiciansapply.ca is *not* required.	
☐ Submit to **physiciansapply.ca** for verification	**Copy of your Medical Degree** • Example: MD, MBBS
☐ Submit to **physiciansapply.ca** for verification	**Documented evidence of postgraduate training completed to date** Example: • Completion of training certificate **or** • Written confirmation from the program director of your training program indicating the scope of your training and the start and finish dates ***Note:*** *If you trained in a number of locations and institutions submit documentation for all periods of training.*

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Form A: Application form
PHYSICAL MEDICINE & REHABILITATION

Examination/Assessment Details

Please indicate which examination year you are interested in →	**Route A:** the existing Royal College certification exams	Exam/assessment year applying for

Your letter of eligibility will be prepared based on the above information.

Personal Details

Identification

Title	◯ Dr.	◯ Dr	◯ Dre	Sex	◯ Male ◯ Female
Language	◯ English	◯ French		Date of birth	DD / MMM / YYYY
Royal College ID (if applicable)					
Surname					
Middle name(s)					
Given name					

Contact Information

☐ Home address ☐ Business address

Street name and number				Apt number	
City		Province		Postal code	
Phone number		Phone number			
◯ Home ◯ Business ◯ Cell		◯ Home ◯ Business ◯ Cell			
E-mail		E-mail			
◯ Home ◯ Business		◯ Home ◯ Business			

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Form A: Application form
PHYSICAL MEDICINE & REHABILITATION

Contact details for your current Chief of Staff/supervisor

Your chief of staff/supervisor will be asked to verify your submitted scope of practice and practice competencies. Please provide the contact information for your chief of staff/supervisor and subsequent release of information form below.

Surname					
Given name					
Street name and number				Apt number	
City		Province		Postal code	
Phone number		Fax number			
E-mail					

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Practice Eligibility Route to Certification for Specialists (PER)

Form B: Fees and payment details
PHYSICAL MEDICINE & REHABILITATION

Fees

Please complete the attached credit card authorization form with applicable fees.

Current assessment fees are as follows: *(please note a fee reduction of $500 will apply to those who have previously had their training assessed by the Royal College*):

Note: If you are unable to submit your application by the April 30 deadline due to not yet meeting the eligibility criteria for PER, please contact per@royalcollege.ca

The eligibility criteria can be found on the Royal College website at www.royalcollege.ca/per

Application date:	**Without fee reduction**
Before April 30 of the year before you wish to be examined/ assessed *(basic assessment fee)*	**$3,930**
Between May 1 and August 1 of the year before you wish to be examined/assessed *(basic assessment fee + applicable late penalty fee)*	$3,930 + $695 = **$4,625**
After August 1 of the year before you wish to be examined/ assessed *(basic assessment fee + applicable late penalty fee)*	$3,930 + $1,380 = **$5,310**

Application date:	**With fee reduction**
Before April 30 of the year before you wish to be examined/ assessed *(basic assessment fee - fee reduction)*	$3,930 - $500 **= $3,430**
Between May 1 and August 1 of the year before you wish to be examined/assessed *(basic assessment fee + applicable late penalty fee- fee reduction)*	$3,930 + $695 - $500 = **$4,125**
After August 1 of the year before you wish to be examined/ assessed *(basic assessment fee + applicable late penalty fee - fee reduction)*	$3,930 + $1,380 - $500 = **$4,810**

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Form B: Fees and payment details
PHYSICAL MEDICINE & REHABILITATION

Date of application	

Credit card authorization
One time use only

Name of applicant			
Total amount		***Please note:** The Royal College will charge the credit card in Canadian dollars*	
Card type	◯ Mastercard	◯ Visa	◯ American Express
Card number			
Expiry date (mm/yy)			
Cardholder's name			

By clicking 'I agree', the Royal College is authorized to charge the non-refundable assessment fee to the credit card listed above for the total amount indicated.

◯ **I Agree**

Royal College use only

Date		**Financial Revenue Code(s)**		
ID number		Code	332	Amount
Agent initials		Code		Amount
		Code		Amount

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Practice Eligibility Route to Certification for Specialists (PER)

Form C: Declaration of understanding and release of information

PHYSICAL MEDICINE & REHABILITATION

Declaration of understanding & authorization for release of information

Identification

Surname				
Middle name(s)				
Given name		Date of birth	DD / MMM / YYYY	
		Used only to confirm identity		
To				
Name of applicant's Medical Regulatory Authority (MRA)				
Dated at				
City and province				

By providing my signature, I, the above-named physician, hereby agree to the following:

Release of information to your Medical Regulatory Authority (MRA)

I agree that the Royal College of Physicians and Surgeons of Canada ("RC" or "Royal College") may release and disclose any and all information to the Medical Regulatory Authority ("MRA") in the province or territory in which I hold a medical license and/or registration to practice medicine and other national regulatory authorities, relative to my training history, practice profile, credentialing and examination eligibility, examination and or assessment results including but not limited to my scope of practice description, eligibility details, summary of performance and any ongoing evaluations and outcome. The Royal College may provide to my MRA copies of any and all records in my file. This authorization shall continue until revoked by me in writing.

Sharing of information between your current chief of staff and the Royal College

I authorize the person I listed as my Chief of Staff/Supervisor on Form A to release any and all information which the Royal College of Physicians and Surgeons of Canada ("RC" or "Royal College") may request relating to my training history, credentialing, and examination eligibility. I hereby authorize my chief of staff/supervisor to provide to the Royal College copies of any and all records in my file. This authorization shall continue until revoked by me in writing. A photo copy of this authorization shall serve in its stead.

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Form C: Declaration of understanding and release of information

PHYSICAL MEDICINE & REHABILITATION

Declaration of understanding & authorization for release of information *cont'd*

Consequences of False/Fraudulent Documentation and/or Irregular Behavior

I agree to provide authentic and accurate information and documentation to the Royal College of Physicians and Surgeons of Canada ("RC" or "Royal College") and to participate in good faith in the assessment process.

I understand that if I provide false/fraudulent documentation to the Royal College or engage in irregular behavior with respect to my assessment , my actions may lead to serious consequences as outlined below.

In the event (i) that any of my information submitted to the Royal College including personal information in any documents in support of my application, including my credentials, is determined or believed by the Royal College not to be authentic or to be false, fraudulent or otherwise deceptive, or (ii) that any such information related to the Royal College submitted to other agencies is determined or believed by them or the Royal College not to be authentic or to be false, fraudulent or otherwise deceptive, or (iii) of any irregular behavior, the Royal College may take appropriate action as it sees fit, including, but not limited to:

- Revoking my eligibility;
- Terminating my assessment and withholding or invalidating my assessment results;
- Barring me from any future Royal College examinations or other assessments; and
- Notifying each of the Canadian medical regulatory authorities, in addition to licensing, regulatory, educational, training, resident matching services, credentials verification authorities, hospitals, clinics and other medical facilities and organizations that utilize the services of physicians, government agencies (local, state, provincial, federal or foreign), law enforcement agencies or other third parties and organizations, and their representatives, who in the opinion of the Royal College have a legitimate interest in such information. I acknowledge that this notification or disclosure of information may occur regardless of whether or not I have withdrawn my consent to any other uses or disclosures of my information by the Royal College.

Confidentiality agreement

I undertake to respect the confidentiality of the assessment and acknowledge that I understand the following:

Failure to respect the confidentiality of the assessment may deemed professional misconduct and my assessment results may be voided, and the Royal College of Physicians and Surgeons of Canada ("RC" or "Royal College") may notify Canadian licensing authorities of the situation.

That the examination and practice based assessment questions and scenarios are protected by copyright and are the exclusive property of the Royal College.

That any reproduction, dissemination or other disclosure of the assessment questions and or scenarios in whole or in part is strictly prohibited and that the Royal College may take all available disciplinary measures and legal actions against any candidate or others who violate this confidentiality provision including revocation of eligibility, cancellation of results and prohibition from any other Royal College examination/assessment.

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Form C: Declaration of understanding and release of information

PHYSICAL MEDICINE & REHABILITATION

Declaration of understanding & authorization for release of information *cont'd*

Release of information between Pivotal Research and the Royal College

I authorize the Royal College to release my contact* information to:

Pivotal Research Inc. for the purposes of the completion of the Multisource Feedback surveys

Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

(1) Royal College and its respective employees, agents, representatives, members, directors and officers; (collectively known as the Royal College,) for or in respect of any acts, communications, reports, statements, documents, recommendations or disclosures involving me, made in good faith and without malice by the Royal College.

Limitation of Liability:

The Royal College's liability for damages in connection with the conduct of the assessment whether arising in contract (including fundamental breach), tort (including negligence), or otherwise, even if the Royal College has been advised of the possibility of such damages, shall not exceed the amount of the assessment fee paid by the candidate. In no event shall the Royal College be liable for any indirect, incidental or consequential damages of any kind regardless of the cause and whether arising in contract (including fundamental breach), tort (including negligence), or otherwise, even if the Royal College has been advised of the possibility of such damages and release:

By providing my signature, I, the above-named physician, hereby acknowledge and agree to the Terms and Conditions listed above and consent to the disclosure of my personal information in accordance with those Terms and Conditions.

Applicant name (printed)	
Applicant signature	
Date	

Witness name (printed)	
Witness signature	
Date	

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Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

Definition of a scope of practice:

1. Every physician's scope of practice is unique
2. A physician's scope of practice is determined by the patients the physician cares for, the procedures performed, the treatment provided, and the practice environment.
3. A physician's ability to perform competently in his or her scope of practice is determined by the physician's knowledge, skills and judgement, which are developed through training and experience in that scope of practice.

Identification

Surname	
Given name	

1) How would you best describe your practice?
Please attach additional pages if required

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Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

2) Training details

In the chart below please provide details on your training in Physical Medicine & Rehabilitation:

Content	Duration in months	Training setting	Evaluation tools	What was the position of your supervisor	Country of training
General internal medicine/surgery rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Acquired brain injury rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Spinal cord injury rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Musculoskeletal rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Stroke rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

2) Training details cont'd

In the chart below please provide details on your training in Physical Medicine & Rehabilitation:

Content	Duration in months	Training setting	Evaluation tools	What was the position of your supervisor	Country of training
Amputee rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Pediatric rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Cardiac and respiratory rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Geriatric rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Neuromuscular rehabilitation	☐ None # of months:	☐ Inpatient ☐ Outpatient ☐ Teams ☐ Formal lectures ☐ Other	☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

2) Training details cont'd

In the chart below please provide details on your training in Physical Medicine & Rehabilitation:

Item	Were you trained in this procedure?	Estimate the # of the procedures that you completed during your training	Evaluation tools	Degree of supervision	Country of training
Arthrocentesis	☐ Yes ☐ No		☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Intra articular injections	☐ Yes ☐ No		☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Soft tissue injections	☐ Yes ☐ No		☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Superficial debridement of wounds	☐ Yes ☐ No		☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	
Chemodenervation in the management of disorders of muscle hypertonicity	☐ Yes ☐ No		☐ Direct observation ☐ Written ☐ Multisource Feedback ☐ OSCE	☐ Senior trainee ☐ Staff	

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

2) Training details cont'd

Please describe the training that you have had in the following (attach additional sheets of paper if necessary)

Research training/methods

Critical appraisal

Procedure therapeutic

Ethics

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

2) Training details cont'd

Please describe the training that you have had in the following (attach additional sheets of paper if necessary)

Communication

Professionalism

3) Practice details

Use the chart below to describe your typical practice over four weeks *(please see example on next page):*

Role	**For each half day please indicate your primary role on the next page 12-15:** - Clinician - Researcher - Administrator - Teacher - Other - please specify
Settings	**Please specify the <u>setting</u> for each time frame:** - Private office - Academic/teaching rehabilitation centre outpatients - Academic/teaching rehabilitation centre inpatients - Community rehabilitation centre outpatients - Community rehabilitation centre inpatients - Academic/teaching hospital outpatients - Academic/teaching hospital inpatients - Community hospital outpatients - Community hospital inpatients - Long term care facility - Other: please specify
Type of patients	**Please specify the type of patient(s) for each time frame:** - Examples include: stroke, spinal cord injury CI, amputee, pediatric, neurologic, musculoskeletal
Procedures	**Please specify the type of procedure(s) for each time frame:** - Electrodiagnosis - Chemodenervation - Intra-articular injections - Soft tissue injections - Ultrasound - Fluoroscopy - Other: please specify

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

3) Practice details cont'd
Use the chart below to describe your typical practice over four weeks

SAMPLE WEEK

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Role	Clinician	Administrator			
	Setting	Community hospital out patients	Office			
	# of new patients	1	N/A			
	# of follow-up patients	5	N/A			
	Patient group	Stroke and amputee	N/A			
	Procedures	None	N/A			
PM	Role	Researcher				
	Setting	Academic teaching rehabilitation center out patient				
	# of new patients	N/A				
	# of follow-up patients	N/A				
	Patient group	Spinal cord injury				
	Procedures	None				

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

3) Practice details cont'd
Use the chart below to describe your typical practice over four weeks

WEEK ONE

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					
PM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

3) Practice details cont'd
Use the chart below to describe your typical practice over four weeks

WEEK TWO

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					
PM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

3) Practice details cont'd
Use the chart below to describe your typical practice over four weeks

WEEK THREE

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					
PM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					

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Form D: Current scope of practice

PHYSICAL MEDICINE & REHABILITATION

3) Practice details cont'd
Use the chart below to describe your typical practice over four weeks

WEEK FOUR

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					
PM	Role					
	Setting					
	# of new patients					
	# of follow-up patients					
	Patient group					
	Procedures					

Note: The information provided is subject to verification by the Royal College

Print