

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

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:

<input type="checkbox"/> Non-Canadian licensure: Submit to physiciansapply.ca for verification <input type="checkbox"/> Canadian licensure: Submit to per@royalcollege.ca for verification	<p>Proof of practice for your last five years of practice</p> <ul style="list-style-type: none"> • 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
<input type="checkbox"/> Submit to physiciansapply.ca for verification	<p>Proof of eligibility to practice as an independent specialist in the jurisdiction of training</p> <ul style="list-style-type: none"> • Copy of licensure from the jurisdiction of training showing that you practiced as an independent specialist in the specialty applied for <i>and/or</i> • Specialty certificates/diplomas received from jurisdiction of training
<input type="checkbox"/> Submit to per@royalcollege.ca for verification	<p>Certificate of Professional Standing</p> <ul style="list-style-type: none"> • 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.

<input type="checkbox"/> Submit to physiciansapply.ca for verification	<p>Copy of your Medical Degree</p> <ul style="list-style-type: none"> • Example: MD, MBBS
<input type="checkbox"/> Submit to physiciansapply.ca for verification	<p>Documented evidence of postgraduate training completed to date</p> <p>Example:</p> <ul style="list-style-type: none"> • 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 <p>Note: If you trained in a number of locations and institutions submit documentation for all periods of training.</p>

Examination/Assessment Details

Please indicate which examination/assessment route you are interested in and the year →

Route A: the existing Royal College certification exams

Exam/assessment year applying for

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

Personal Details

Identification

Title	<input type="radio"/> Dr.	<input type="radio"/> Dr	<input type="radio"/> Dre	Sex	<input type="radio"/> Male	<input type="radio"/> Female
Language	<input type="radio"/> English	<input type="radio"/> French	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<small>DD</small>	<small>MMM</small>	<small>YYYY</small>
Royal College ID (if applicable)	<input type="text"/>					
Surname	<input type="text"/>					
Middle name(s)	<input type="text"/>					
Given name	<input type="text"/>					

Contact Information

Home address Business address

Street name and number	<input type="text"/>	Apt number	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Postal code	<input type="text"/>		
Phone number	<input type="text"/>	Phone number	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Business	<input type="radio"/> Cell	<input type="radio"/> Home
			<input type="radio"/> Business
			<input type="radio"/> Cell
E-mail	<input type="text"/>	E-mail	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Business	<input type="radio"/> Home	<input type="radio"/> Business

Practice Eligibility Route to Certification for Specialists (PER)

Form A: Application form
PSYCHIATRY

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	<input type="text"/>				
Given name	<input type="text"/>				
Street name and number	<input type="text"/>			Apt number	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>	Postal code	<input type="text"/>
Phone number	<input type="text"/>	Fax number	<input type="text"/>		
E-mail	<input type="text"/>				

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 (<i>basic assessment fee</i>)	\$3,930
Between May 1 and August 1 of the year before you wish to be examined/assessed (<i>basic assessment fee + applicable late penalty fee</i>)	$\$3,930 + \$695 = \mathbf{\$4,625}$
After August 1 of the year before you wish to be examined/assessed (<i>basic assessment fee + applicable late penalty fee</i>)	$\$3,930 + \$1,380 = \mathbf{\$5,310}$

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

Practice Eligibility Route to Certification for Specialists (PER)

Form B: Fees and payment details
PSYCHIATRY

Date of application	
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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	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> 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	
		Code		Amount	
		Code		Amount	
Agent initials		Code		Amount	

Practice Eligibility Route to Certification for Specialists (PER)

Form C: Declaration of understanding and release of information

PSYCHIATRY

Declaration of understanding & authorization for release of information

Identification

Surname

Middle name(s)

Given name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<i>DD</i>	<i>MMM</i>	<i>YYYY</i>			

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.

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 be 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.



Practice Eligibility Route to Certification for Specialists (PER)

Form C: Declaration of understanding and release of information

PSYCHIATRY

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	

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

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. a) Describe your practice including the sites where you work, the nature of the work you do, and the patient population you see:

1. b) Describe the community in which you work, noting the way that services are organized, and access to peers and other allied health staff and multidisciplinary teams:



**Practice Eligibility Route to Certification for
Specialists (PER)**

Form D: Current scope of practice

PSYCHIATRY

1. c) Describe your work with patients over the age of 65 , whether it is during your on-call work or elsewhere, while estimating the volumes in a month and noting the kinds of issues you see and manage.

1. d) Describe your work with patients under the age of 18, whether it is during your on-call work or elsewhere, while estimating the volumes in a month and noting the kinds of issues you see and manage.

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

1. e) Candidates for this assessment must be involved in generalist practice across the lifespan. Where their current practice does not include patients across the life span, the candidate must provide additional information about past practice and/or training in those patient populations not covered by their current scope of practice.

All candidates will still be assessed for generalist competencies across the life span regardless of their current scope of practice.

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

2) In the chart below, please indicate in which location you see patients, the number of patients seen and the number of hours spent in direct patient contact during a typical work week in the past 6 months:

Practice settings	# patients seen	# hours spent in direct patient contact	Patient population (including age range)
A. Ambulatory practice			
a) Private office			
b) Hospital based, general outpatient clinic			
c) Hospital based, specialized clinic <i>(specify focus)</i>			
d) Community mental health centre			
e) Walk-in clinic; after hours clinic; urgent care setting <i>(e.g. generally no appointments; generally episodic care; non-static patient base)</i>			
f) Community based, specialized clinic <i>(specify focus)</i>			
g) ACTT or intensive case management team			
h) Shared care service			
B. Inpatient			
a) Community general hospital			
Inpatients			
Consultation liaison			
Emergency			
b) Specialized hospital <i>(specify focus)</i>			
Inpatients			
Emergency			

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

Practice settings	# patients seen	# hours spent in direct patient contact	Patient population (including age range)
C. Long-term care <i>or</i> residential facility			
a) Nursing/retirement home			
b) Group home			
c) Supportive housing			
D. Other (please specify)			

3) What is the average range of length of follow up of your patients with you?

Follow-up	Percentage of total
a) Consultation only	
b) Short term (up to one year)	
c) Long term (more than one year)	
Total	100%

Comments:

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

4) In a typical week, please estimate the percentage of your patient visits for whom the primary reason for their visit is within one of the following *(Please note that the total should equal 100 percent):*

Category	Percentage of visits
<p>New presentations/acute condition management New or known patients with new complaints or conditions requiring the formulation of a diagnosis in an office or practice setting</p>	
<p>Management of patients with ongoing/chronic conditions Patients with chronic conditions requiring long-term monitoring with or without the presence of co-morbidities</p>	
<p>Continuity of care with other specialists Patients receiving active treatment from other medical specialists who you are monitoring</p>	
<p>Psychotherapy Patients for whom you provide psychotherapy, noting what form you provide</p>	
<p>Psychosocial care Patients to whom you provide referral to and collaborate with other providers of psychosocial assistance in the community</p>	
<p>Psychiatric emergency care Patients to whom you provide care for in the emergency department</p>	
<p>Collaborative/shared care</p>	
<p>Other Please specify</p>	
<p>Total</p>	<p>100%</p>

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

5) Treatment: in the following table, note the average number of people for whom you prescribe or provide the listed treatments:

Treatment	Number of patients per month on average Note 0 if you never do this, <1 if it is rare
Atypical antipsychotics	
First generation antipsychotics	
Clozapine	
SSRI's	
SNRI's	
Other antidepressants	
Mood stabilizing medications (other than antipsychotics)	
Cognitive enhancing medications	
Anxiolytics and hypnotics	
Other medications	
Referral for psychotherapy	
Psychotherapy you provide (specify forms of psychotherapy used)	
Referral for ECT	
ECT you provide	
Certification for involuntary treatment	

Practice Eligibility Route to Certification for Specialists (PER)

Form D: Current scope of practice

PSYCHIATRY

6) Please list a minimum of 10 of the most common conditions/diseases/procedures that you CURRENTLY see/perform in your practice, and indicate the approximate percentage of your workload this represents.

Common conditions/diseases/procedures	Percentage of workload
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>
12. <input type="text"/>	<input type="text"/>
13. <input type="text"/>	<input type="text"/>
14. <input type="text"/>	<input type="text"/>
15. <input type="text"/>	<input type="text"/>