

OFFICE OF THE PROVINCIAL MEDICAL DIRECTOR



Application for Medical Authorization

45 Major's Path, P.O. Box 8700, St. John's, NL, A1B 4J6

Tel: (709) 729-1550 Email: OPMD@gov.nl.ca

Registration	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Temporary <input type="checkbox"/> Change in Medical Authorization Level		
	Practice Level:		Registration Number:
	Medical Authorization shall only be provided to applicants who possess a valid and active registration with the paramedicine regulator of Newfoundland and Labrador.		
Applicant	Surname:	Given Name:	Initial:
	Maiden Name (If applicable):		
	Date of Birth (MM/DD/YYYY):		
	<p>It is important to the Office of the Provincial Medical Director to be inclusive. We ask for your gender because this is a statistic that is reported in a de-identified manner to assist with tracking professional trends. Pronouns help us understand the best way to address you. While the following questions are not mandatory, they help us to accurately report the gender representations of our profession and work with you in a respectful manner.</p>		
Address	Gender:		
	Preferred Pronouns:		
	Street or Mailing Address:		
	Town/City:	Province:	Postal Code:
	Home Phone:	Mobile Phone:	
Professional Practice	Email Address:		
	<p>Provide supporting documentation to the Office of the Provincial Medical Director (OPMD) if you answer Yes to any of the questions below and have not previously disclosed the same circumstances to the OPMD. Cases will be reviewed on an individual basis. An answer of "Yes" will not automatically preclude the applicant from obtaining medical authorization.</p>		
	1. Are you currently under investigation for any clinical practice or competency concerns in any jurisdiction?		
	2. Have you ever been disciplined by a professional regulatory or medical control / authorization body for clinical practice or competency concerns?		
	3. Do you have any restrictions or provisions on your scope of practice imposed by the Registrar or other medical control body?		

CASL
Consent

The Canadian Anti-Spam Law (CASL) is part of federal legislation designed to reduce the amount of email delivered without the consent of the recipient. This legislation impacts the ability of the OPMD to send you communications, such as educational courses or promotions, with a commercial activity or transaction. Do you consent to receive commercial electronic communications surrounding paramedicine that may be distributed by the OPMD?

I hereby declare that the information and any supporting documentation contained in this application are true to the best of my knowledge. I further consent to and authorize the OPMD, its officers and employees, to obtain for its purposes, and to release to other similar regulatory authorities for their purposes, my personal, employment, quality assurance, educational and training records, and any other related matters. This consent shall remain on file and shall serve as ongoing authorization as the OPMD deems necessary at any time. Further, by signing this document I agree to abide by all protocols, standards and guidelines as outlined and authorized by the Office of the Provincial Medical Director.

Signature: _____ Date: _____

An electronic signature may be submitted in place of a manual signature on this form. Any electronic transmission of signature shall be deemed to have the same validity and enforceability as an original signature.

The personal information requested in this form is collected under the authority of section 61(a)(c) of the Access to Information and Protection of Privacy Act, 2015 for the purpose of considering Medical Authorization privileges through the Office of the Provincial Medical Director, Department of Health and Community Services. If you have questions concerning the collection, use, and disclosure of your personal information, please contact the Department at healthinfo@gov.nl.ca.