

# OFFICE OF THE PROVINCIAL MEDICAL DIRECTOR



## Change of Personal Information

45 Major's Path, P.O. Box 8700, St. John's, NL, A1B 4J6  
Tel: (709) 729-1550 Email: [OPMD@gov.nl.ca](mailto:OPMD@gov.nl.ca)

Applicant	Surname:		Given Name:		Initial:	
	Maiden Name (If applicable):					
	Any name change request must be accompanied by a scanned copy of a government-issued ID or document.					
	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.					
	Gender:		Preferred Pronouns:			
Address	Street or Mailing Address:					
	Town/City:		Province:		Postal Code:	
	Home Phone:		Mobile Phone:			
	Email Address:					
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.

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](mailto:healthinfo@gov.nl.ca).