NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

MSI Nurse Practitioner Application

Nurse Practitioner Information

Last Name	First Name & Initials	Date of Birth Day Month Year

Country of Birth	If Canada, which province	Sex Male ◯ Female ◯

Mailing Address (Mail will be sent to this address)	City	Province	Postal Code

Daytime Phone Number	Fax Number	Email Address

Office Address (If applicable)	City	Province	Postal Code

Office Phone Number	Office Fax Number

Education and Licensing Information

Original Degree Granting University	Location of University	Graduation Year

Nova Scotia Registration Number	Nova Scotia Registration Date Day Month Year

Type of Practice/Submitter Information

Please enclose a 'letter of intent' detailing your plans to practice in Nova Scotia.

*Submitter Name	Submitter Email Address	**Submitter ID (3 Letters)

*Individual or organization accredited by MSI to submit electronic service encounter transactions on a provider's behalf.
**Unique identifier assigned to the submitter by MSI.

Authorization

I certify that the information given on this application form is accurate.

Signature _____ Date _____

Submit Your Application

By mail:	By Fax:	By email:
MSI Provider Management PO Box 500 Halifax NS B3J 2S1	902-496-4674 1-877-910-4674	msiproviders@medavie.ca Email should not be used when sharing personal/confidential information.

For questions, please call 902-496-7011 or 1-866-533-0585 toll-free

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act,* or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.