NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

Postgraduate Resident Application – CMPA Rebate Only

Resident 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

Residency Start Date Day Month Year	Daytime Phone Number	Email Address

Education

Original Degree Granting University	Location of University	Graduation Year

Licensing Information

Dalhousie Program Location (Province)	License Number (Associated with program location)

Bank Information

*** ONLY BANKING INFORMATION FROM CANADIAN INSTITUTIONS WILL BE ACCEPTED**
*** A LINE OF CREDIT ACCOUNT WILL NOT BE ACCEPTED**

Name of Financial Institution

Bank Account Information

Bank Number (3 digits)	Branch Number (5 digits)	Account Number

*** PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM (COPY ACCEPTED)**

Authorization

I hereby authorize Nova Scotia Medical Services Insurance to make deposits to my account at the financial institution described above. I will advise MSI of any changes in my account information. 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.