

Nova Scotia Nominee Program Physician Stream Application Form



This form must be completed in order to apply to the Nova Scotia Nominee Program's Physician Stream. To be eligible for this stream, you must also have an approved opportunity from the Nova Scotia Health Authority (NSHA) or the IWK Health Centre as a general practitioner and family physician or a specialist physician. When submitting this application, you must provide a written approved opportunity with the NSHA or the IWK on official NSHA or IWK letterhead. This letter must:

- be signed and dated by a person authorized to hire physicians for NSHA or IWK
- be signed and dated by the applicant accepting the opportunity
- indicate eligibility for licensure with the College of Physicians and Surgeons of NS
- indicate that the applicant is eligible to apply for privileges and credentials with NSHA and IWK

Do not apply if you do not have a written approved opportunity from the NSHA or IWK.

Section A – Give your personal information

Give your family name and given names exactly as they appear on your passport or travel document.

Family name: _____

Given name: _____

Have you ever used any other name such as a maiden name, alias, or nickname? Yes No
If yes, give these other names:

Other family names: _____

Other given names: _____

Sex: Male Female

Date of birth (dd/mm/year): _____

Country of birth: _____

Current Citizenships: _____

In which country do you live now? _____

If currently in Canada, what is your status? Worker Student Visitor

Expiry date of your work permit, study permit or visitor record (dd/mm/year): _____

If your permit or visitor record has expired or is about to expire, when did you apply for a new one?

(dd/mm/year): _____ Not applicable

PASSPORT/TRAVEL DOCUMENT:

Give information exactly as it appears on your passport or travel document:

Do you have a valid passport or travel document? Yes No

Passport or travel document number: _____

Issuing Country: _____ Expiry date (dd/mm/year): _____

LANGUAGE

Native Language or Mother Tongue: _____

Which do you use most often, English or French?

English French

CONTACT INFORMATION (Do NOT give contact information for a consultant or lawyer who is representing you.):

Email address: _____

(By giving an email address, you agree to allow the Nova Scotia Office of Immigration to send information about you and your dependents to this email address.)

Telephone number

(Give the country code, area code if you have one, and telephone number where it is easiest to reach you):

Mobile

Home

Work

Mailing Address

street address *city, town or village*

province, state or district *country* *postal code*

Residential Address

Is your home address the same as your mailing address? Yes No

If no:

street address *city, town or village*

province, state or district *country* *postal code*

Where do you plan to live in Nova Scotia?

MARITAL STATUS

What is your marital status?

- Single Married Common-law¹
 Legally separated Divorced Widowed Other

If you are married or in a common-law relationship, provide the date (dd/mm/year) on which you were married or entered into the common-law relationship: _____

¹ You are a common-law partner either of the opposite sex or same sex if you have been living together in a conjugal relationship for at least one year in a continuous, non-interrupted 12-month period. If you have maintained a conjugal relationship for at least one year but have been prevented from living together or marrying, you may be considered common law after providing evidence there was a satisfactory reason you could not live together.

INFORMATION ABOUT YOUR FAMILY MEMBERS

You must give information about each member of your family if they are not already permanent residents or citizens of Canada. You must give this information even if your family members are not coming with you to Nova Scotia. Give all names exactly as they appear on passports or travel documents. Members of your family that must be included are:

- your spouse or common-law partner
- all of your dependent² children
- all of the dependent children of your spouse or common-law partner

	Spouse or Common-law Partner	Family Member 1	Family Member 2
Family name			
Given name			
Sex			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport or Travel Document Document number			
Expiry date (dd/mm/year)			
Issuing country			
Native language or Mother tongue			
Highest level of education			

² A dependent is a child who depends on their parent for financial and other support. A son or daughter is considered a dependent of their parent when the child is:

- under 22 years old, and does not have a spouse or partner, or
- 22 years old and over, and has depended largely on the parent's financial support since before the age of 22 because of a physical or mental condition

	Family Member 3	Family Member 4	Family Member 5
Family name			
Given name			
Sex			
Date of birth (dd/mm/year)			
Country of birth			
Country of citizenship			
Country of residence			
What is this person's relationship to you?			
Will this person come with you to Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport or Travel Document Document number			
Expiry date (dd/mm/year)			
Issuing country			
Native language or Mother tongue			

Section B – General Information

Assistance in completing the application

Did someone help you complete this form?

Yes No

If yes, who helped you? (Name the person)

Lawyer: _____ Employer: _____

Immigration consultant: _____ Other: _____

Did you, or will you, pay this person for their help in preparing this application?

Yes No

Note: Anyone you pay to help you with your application to immigrate to Canada must be a member of one of the following groups:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
- a Canadian provincial or territorial law society
- the Chambre des notaires du Québec

For more information on who may represent you, visit www.cic.gc.ca/english/information/representative/rep-who.asp

How did you learn about the Nova Scotia Nominee Program?

Nova Scotia promotion material Immigration representative

Nova Scotia Office of Immigration website Friend

Nova Scotia Office of Immigration presentation Family

Visa office Employer

University

Immigration job fair or event overseas (specify place and date): _____

Other (specify): _____

Section C – Documents Checklist

Before submitting your application, review your application and the application guide to ensure that you have completed all applicable sections and provided all required documentation.

All supporting documents must be submitted as portable document format (PDF) files. All paper documents must be scanned into PDF files and all electronic documents must be converted into PDF files.

Where the documents are not in English or in French, you must submit both a scan of the original document and a scan of the certified translation.

PDF requirements:

- All scans must be clear and readable.
- Documents with images should be scanned in colour.
- Text-only documents may be scanned at a grayscale setting to reduce file size.
- Scanner resolution should be a minimum of 300 dots per inch.
- No enhancement or editing should be done to a scanned document.
- The total size of all documents attached to a single email must be no more than 30 megabytes (MB).
- The file names of attachments must be no more than 50 characters.

The Nova Scotia Office of Immigration reserves the right to request further information if required.

Nova Scotia Nominee Program Forms		
Check or indicate n/a	Document	Who must provide the document
<input type="checkbox"/>	NSNP Physician Stream Application Form	<input type="checkbox"/> Principal Applicant
<input type="checkbox"/> / <input type="checkbox"/> n/a	NSNP 50 – Use of a Representative (if applicable)	<input type="checkbox"/> Principal Applicant <input type="checkbox"/> Spouse or common-law partner <input type="checkbox"/> Dependent (19 years and over)
<input type="checkbox"/> / <input type="checkbox"/> n/a	NSNP 60 – Authority to Release Personal Information to a Designated Individual (if applicable)	<input type="checkbox"/> Principal Applicant <input type="checkbox"/> Spouse or common-law partner <input type="checkbox"/> Dependent (19 years and over)

Supporting Documents	
Job Offer	<input type="checkbox"/> A written approved opportunity with the Nova Scotia Health Authority (NSHA) or the IWK Health Centre as a General practitioner and family physician (NOC 3112) or a specialist physician (NOC 3111). The approved opportunity must be on official NSHA or IWK letterhead and must: <ul style="list-style-type: none"> • Be signed and dated by a person authorized to hire physicians at the NSHA or IWK • Be signed and dated by the applicant who is accepting the opportunity • Indicate eligibility for licensure with the College of Physicians and Surgeons of NS • Indicate that the applicant is eligible to apply for privileges and credentials with NSHA and the IWK.
Education	<input type="checkbox"/> Education Credential Assessment or proof of education and medical training required for licensure in Nova Scotia.
Passports, Travel Documents and Visas	<p>For the principal applicant, spouse or common-law partner, and all accompanying dependents.</p> <input type="checkbox"/> Valid regular passport. Include only copies of pages showing the passport number, date of issue and expiry, your photo, name, date and place of birth, and any previous visas and/or visits to Canada. In order to ensure successful immigration processing, it is recommended that passports have an expiry date no less than two years from the date of your Nova Scotia Nominee Program application. <input type="checkbox"/> If you live in a country other than your country of nationality, include a copy of your visa for the country where you currently live. <input type="checkbox"/> Previous temporary residence permits, if applicable. <input type="checkbox"/> Correspondence from previous attempts to immigrate to Canada through provincial or federal immigration categories. Include correspondence received from the provincial or Canadian government associated with each previous application.
Civil Status Documents	<p>If applicable:</p> <input type="checkbox"/> Marriage certificate
Children's Information	<p>If applicable, submit proof that children may accompany the principal applicant to Canada. This may include:</p> <input type="checkbox"/> Birth certificates indicating both parents. <input type="checkbox"/> Adoption papers. <input type="checkbox"/> Custody documents for children under age 19 (0-18).

Section D – Sign the Notice of Authority to Collect, Use, and Disclose Personal Information

The Government of Nova Scotia, including the Nova Scotia Office of Immigration, is bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act sets out our obligations to collect personal information, how that information is used and how your information may be disclosed to others that will provide you with services on our behalf.

Nova Scotia’s FOIPOP Act defines the meaning of personal information. In addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, marital status, employment, income, assets, liabilities, benefits received under other provincial and federal programs or other information collected by our programs or services that may identify you.

Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services, including but not limited to the Nova Scotia Nominee Program, settlement services funded by the Nova Scotia Office of Immigration and program integrity efforts. The use of your information is always in accordance with the FOIPOP Act.

We do not disclose your personal information except as required to fulfill the purpose(s) of a program or service and only to the extent required or authorized by law. In connection with providing you with services or in the event of suspected fraud or non-compliance with provincial or federal legislation, information may be collected from, used by or disclosed to any federal, provincial, municipal or local authority or any other person, department, agency or organization.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to request correction of, and access to, their personal information. To obtain access to your personal information, contact the Information Access and Privacy Services unit by email at IAPServices@novascotia.ca or phone (902) 424-2985 or 1-844-424-2985.

To request correction of your personal information, contact the Nova Scotia Nominee Program by email at nsnp@novascotia.ca or phone (902) 424-5230.

Sign the notice and have your spouse or common-law partner and all dependent family members 19 years old or older who are coming with you to Canada sign as well. Failure to sign will result in your application being deemed incomplete and it will not be processed.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information.

Signature of **principal applicant**

Date (dd/mm/year)

Signature of **spouse or common-law partner**

Date (dd/mm/year)

Signature of **dependent family member 19 years or older**

Date (dd/mm/year)

Section E – Declaration

Applicant and spouse or common-law partner and all accompanying dependent family members 19 years or older must initial beside each statement and authorization to acknowledge agreement and then sign at the bottom of the page. Failure to initial each line and sign at the bottom will result in your application being deemed incomplete and it will not be processed.

Initials

- ____ ____ I intend to live in the Province of Nova Scotia upon arrival in Canada.
- ____ ____ I understand that the Nova Scotia Office of Immigration (NSOI) or Immigration, Refugees and Citizenship Canada may refuse my application, withdraw my nomination or withdraw my Canadian permanent resident visa if I give false information or fail to give information as requested.
- ____ ____ I understand that my application will NOT be processed if I fail to provide a complete application or required forms and credible supporting documentation.
- ____ ____ By submitting an application to NSOI, I understand that my application may not be processed in the order received, or at all. The decision to process and assess any particular application is at NSOI's sole discretion and NSOI alone determines the result of the process. Program criteria are eligibility minimums. Meeting program criteria does NOT guarantee that my application will be assessed, processed, or granted.
- ____ ____ I understand that NSOI does not have to process my application. Applications to the NSOI are treated as an expression of interest. Officers first look to see that the application is complete and the applicant is eligible for the nominee program. Other factors that may determine whether an application is processed include:
- labour market information
 - occupational supply and demand forecasting
 - application volumes
 - any other factors at the NSOI's discretion
- ____ ____ I will give NSOI my address, phone numbers, and email address no later than 30 days after I have arrived in Canada. I will inform NSOI every time I change my address, phone numbers, or email address for 3 years after arriving in Canada.
- ____ ____ I understand everything written in this application. I have asked for and received an explanation for everything that was not clear to me.
- ____ ____ I declare that the information I have given in this application is true, complete, and correct.
- ____ ____ I acknowledge that I have read, understand and agree to this declaration.

Signature of **principal applicant**

Date (dd/mm/year)

Signature of **spouse or common-law partner**

Date (dd/mm/year)

Signature of **dependent family member 19 years or older**

Date (dd/mm/year)

Contact Information

The Nova Scotia Office of Immigration can help you connect with supports to help you and your family to settle successfully in your community. For more information about the resources available to you, please visit our website at novascotiainmigration.com, and contact us via the information below.

Postal Box Address (Mail)

Nova Scotia Office of Immigration
PO Box 1535
Halifax NS B3J 2Y3
CANADA

Civic Address (In person)

Nova Scotia Office of Immigration
1469 Brenton Street
3rd Floor
Halifax NS B3J 3W7
CANADA

Tel: (902) 424-5230

Fax: (902) 424-7936

Email: nsnp@novascotia.ca

Web: www.novascotiainmigration.ca

Find "*Nova Scotia Immigration*" on the following social media websites:

