



Graduating Resident Process 2021

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Important notes

- We are aware that some of you have been impacted by cancelled exams due to the COVID pandemic (e.g. not being able to write the QE Part II).
 - In these cases we will be able to issue you a provisional license w/o all the restrictions normally associated with a provisional license (e.g. ok to do locums, will not be under sponsorship and supervision).
 - Yes, you will eventually have to take the QE Part II (as soon as a sitting is available to you)
- For a July 1 start date pls apply after April 1 but before May 3.
 - Submit all documentation before June 17 (w/exception of completion letter).
 - If you'll be practising in a BC hospital that requires a CPC, CPC won't be issued until July 7.
 - If you don't need your license until after July 1, pls apply within 3 months of anticipated start date.
- No licenses issued before July 1

Applying for registration

- **Step 1: Initial application via Medical Council of Canada**
 - Submit Application for Medical Registration in Canada through physiciansapply.ca
 - Again, please submit after April 1 but before May 3 for a July 1 start date
- **Step 2: Email from file manager w/list of outstanding documents**
 - File manager will likely ask you to complete Part II of your physiciansapply.ca application form. Please do this right away.
 - Additional documentation required provided to applicant
- **Step 3: Send file manager your outstanding documentation**
 - Application tracking system activated for applicant

Application

- Log on to your account on physiciansapply.ca
- Click **applications for medical registration**
- The following screen will appear. Click BC and then NEXT:

LOCATION: Home > Registration Language: EN | FR Print Log Out

SELECTION: AB BC MB NB NL NS NT NU ON PE QC SK YT

physiciansapply.ca: APPLICATION FOR REGISTRATION

AMR APPLICATION

PROVINCE SELECTION ?

Select the province to which you would like to apply for registration:

MEDICAL REGULATORY AUTHORITY	APPLICATION TYPE
<input type="radio"/> AB College of Physicians and Surgeons of Alberta	Review of Qualifications
<input checked="" type="radio"/> BC College of Physicians and Surgeons of British Columbia	Complete Application Info
<input type="radio"/> MB College of Physicians and Surgeons of Manitoba	Review of Qualifications
<input type="radio"/> NB College of Physicians and Surgeons of New Brunswick	Not available at this time
<input type="radio"/> NL College of Physicians and Surgeons of Newfoundland and Labrador	Review of Qualifications
<input type="radio"/> NS College of Physicians and Surgeons of Nova Scotia	Review of Qualifications
<input type="radio"/> NT Government of the Northwest Territories	Not available at this time
<input type="radio"/> NU Government of Nunavut	Not available at this time
<input type="radio"/> ON College of Physicians and Surgeons of Ontario	Not available at this time
<input type="radio"/> PE College of Physicians and Surgeons of Prince Edward Island	Complete Application
<input type="radio"/> QC Collège des médecins du Québec	Complete Application
<input type="radio"/> SK College of Physicians and Surgeons of Saskatchewan	Review of Qualifications
<input type="radio"/> YT Yukon Medical Council	Complete Application

[NEXT](#)

Application

- The following screen will appear. Read and click AGREE.

By clicking the **I Agree** button, I confirm that I have reviewed the registration criteria in the province/territory of:

- British Columbia** ([Web link](#))
If you are a current resident graduating from a Canadian university outside of BC - Please contact the College of Physicians and Surgeons of BC for instructions prior to applying.

ATTENTION – THIS APPLICATION IS ONLY FOR PHYSICIANS SEEKING AN INDEPENDENT PRACTICE LICENCE OR REACTIVATION OF THE SAME. FULL LICENSURE CRITERIA CAN BE FOUND [HERE](#). DO NOT APPLY ONLINE IF:

- You are an applicant for the educational class (medical student, fellow, resident or trainee)
- You have been directed to source verify your documents only
- You are currently a Canadian resident with more than 3 months of postgraduate training left
- You are seeking a Provisional licence and have not been directed to apply by [Health Match BC](#) or [CPSBC](#)
- You have already begun an application with [CPSBC](#)
- Your intended start date for practice in BC is more than 4 months away (unless directed otherwise)

CONTACT THE CPSBC IF YOU ARE UNSURE HOW TO PROCEED. YOU MUST DETAIL ALL CANADIAN CERTIFICATIONS AND CANADIAN TRAINING COMPLETED SINCE MEDICAL SCHOOL, INCLUDING WITHIN BC. FEES PAID FOR INCOMPLETE OR IMPROPERLY COMPLETED APPLICATIONS WILL NOT BE REFUNDED. FEES PAID FOR APPLICATIONS THAT ARE SUBSEQUENTLY WITHDRAWN WILL NOT BE REFUNDED. PLEASE NOTE THAT AS OF JULY 1, 2018, CPSBC WILL NO LONGER ACCEPT THE TOEFL-IBT TEST AS EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY.

Please contact the MCC at (613) 520-2240 should you have any technical difficulties.

I DO NOT AGREE I AGREE

- Note: Any time you return to your application, you will have to click BC and agree to this statement again

Application

- On the left hand-side you will see “AMR APPLICATION” with the following subcategories (see below). The FAQ/step-by-step document sent to you earlier walks you through each subcategory – in this presentation we’ll review some areas that receive the most questions.

AMR APPLICATION
Select Province(s) ▶
Practice Intentions
Personal Information
Contact Information
Medical Education
Canadian Credentials
Non-Canadian Credentials
Exams / Certifications ▶
Licences & Registrations
Practice Experience
Language Proficiency
Declarations
Terms and Conditions
Summary

Application

- Practice intentions:
 - Intended scope of practice: Select intended scope of practice
 - Practice intent: Select components of intended professional activity, select long-term; indicate intended start date; write a little blurb about your practice intentions
 - Intended practice location: Complete this to the best of your ability; keep it general if you don't have specifics organized yet
- Personal information
- Contact information
 - Business address and phone as this will be publishable, if you're not sure where you will be working you can provide a PO box, otherwise your personal address will be published
- Medical education

Application

- Canadian credentials – the following screen will appear. For those of you that are completing the CCFP/RCPSC in the Spring of your graduating year, it will look something like this (If you've already taken and passed the CCFP/RCPSC please indicate this).

LOCATION: Home > Registration Language: EN | FR Print Log Out

SELECTION: AB BC MB NB NL NS NT NU ON PE QC SK YT

physiciansapply.ca: APPLICATION FOR REGISTRATION

AMR APPLICATION	CANADIAN CERTIFICATIONS
Select Province(s) ▶	This section refers to certification(s) you hold or you are in the process of obtaining from the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the Collège des médecins du Québec (CMQ)
Practice Intentions	<input type="button" value="Delete this certification"/>
Personal Information	* Please indicate if you currently have a certification or if you are in the process of obtaining it <input type="radio"/> Currently hold BC <input checked="" type="radio"/> In process of obtaining
Contact Information	* Certifying body: <input checked="" type="radio"/> College of Family Physicians of Canada (CFPC) BC <input type="radio"/> Royal College of Physicians and Surgeons of Canada (RCPSC)
Medical Education	* Certification: <input checked="" type="radio"/> Certificant of the College of Family Physicians (CCFP) BC <input type="radio"/> Certificant of the College of Family Physicians - Emergency medicine (CCFP-EM)
Canadian Credentials ▶	* Have you taken the certification examination? <input checked="" type="radio"/> Yes BC <input type="radio"/> No
Non-Canadian Credentials	* Results: Results Pending BC
Postgraduate Training	* Date taken: 2018-04-20 YYYY-MM-DD BC
Exams / Certifications	<input type="button" value="ADD CANADIAN CERTIFICATION"/>
Licences & Registrations	
Practice Experience	
Language Proficiency	
Background	
Declarations	
Terms and Conditions	
Warnings / Omissions	
Summary	

PREVIOUS NEXT

Application

- Non-Canadian credentials
- Exams/Certifications - The following screen will appear. Indicate when you will be writing your QE II (unless you already have it). **If you have done the LMCC this should auto-populate.**

LICENTATE OF THE MEDICAL COUNCIL OF CANADA (LMCC)		
* Do you hold the Licentiate of the Medical Council of Canada (LMCC)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Is your result for MCC Qualifying Examination Part II (MCCQE II) pending?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
If you plan to write the MCC Qualifying Examination Part II (MCCQE II) please indicate the date the examination is scheduled:	<input type="text" value="2021-05-30"/> YYYY-MM-DD	BC
MEDICAL COUNCIL OF CANADA EXAMINATIONS ?		
Note: The Exam date that is recorded is the first day of the exam session and not the date you wrote your exam. Please also note that the number of denied standings applies to examinations that were written from 2013 and onward. If you have any questions regarding the information below, please contact the service desk .		
* Did you take and pass the Clinical Skills Component (CSC)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Did you take and pass the MCC Evaluating Examination (MCCEE)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Number of denied standings:	<input type="text" value="0"/>	BC
* Did you take and pass the MCC Qualifying Examination (MCCQE before 1992)?	<input type="radio"/> Yes <input type="radio"/> No	BC
* Did you take and pass the MCC Qualifying Examination (MCCQE) Part I?	<input checked="" type="radio"/> Yes <input type="radio"/> No	BC
* MCCQE Part I - Exam date:	<input type="text" value="2020-08-08"/> YYYY-MM-DD	BC
* Number of denied standings:	<input type="text" value="0"/>	BC
* Did you take and pass the MCC Qualifying Examination (MCCQE) Part II?	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Number of denied standings:	<input type="text" value="0"/>	BC
* Did you take and pass the National Assessment Collaboration (NAC) exam?	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Number of denied standings:	<input type="text" value="0"/>	BC
US EXAMINATIONS ?		

Application

- Postgraduate Training

physicians**apply**.ca: APPLICATION FOR REGISTRATION

POSTGRADUATE TRAINING - FAMILY MEDICINE ?

* Do you have any postgraduate training, internship or residency? Yes No BC

* Country in which rotation occurred: BC

* Rotation (select one): Pediatrics BC
 Obstetrics and gynecology
 Internal medicine
 General surgery
 Emergency medicine
 Psychiatry
 Family medicine
 Other

* Rotation start date: YYYY-MM-DD BC

* Rotation end date: YYYY-MM-DD BC

* Medical school/university/hospital name: BC

* Position held during rotation: BC

* Was this period of postgraduate training performed satisfactorily as determined by your Program Director? Yes No BC

If you required more than the usual time to complete your program, provide details: BC

Application

- Postgraduate Training
- Say YES, Canada and indicate your specialty (e.g. Pediatrics, FM, etc).
- Rotation start date = July 1 of R1 (start of residency)
- Rotation end date = June 30 of R2 (end of residency) unless you took longer to complete
- Medical school/university/hospital name = UBC – DEPT
- Position held = Resident
- Say YES to the next question
- Provide details if your residency was extended in any way
- *DO NOT LIST EACH INDIVIDUAL ROTATION. You simply enter the start and end date of your program*

Application

- Licences and Registration – say YES to the initial question and the following screen will appear. Date issued = beginning of residency. Date expired = end of residency.

LICENCES AND REGISTRATIONS	
* Do you currently hold or have ever held any form of registration, licence or practice permit? <input checked="" type="radio"/> Yes <input type="radio"/> No	BC
* Do you currently hold a full and unrestricted independent practice licence in any Canadian jurisdiction? <input type="radio"/> Yes <input checked="" type="radio"/> No	BC
* Country: CANADA	BC
* Canadian issuing authority: <input type="radio"/> Collège des médecins du Québec <input type="radio"/> College of Physicians and Surgeons of Alberta <input checked="" type="radio"/> College of Physicians and Surgeons of British Columbia <input type="radio"/> College of Physicians and Surgeons of Manitoba <input type="radio"/> College of Physicians and Surgeons of New Brunswick <input type="radio"/> College of Physicians and Surgeons of Newfoundland and Labrador <input type="radio"/> College of Physicians and Surgeons of Nova Scotia <input type="radio"/> College of Physicians and Surgeons of Ontario <input type="radio"/> College of Physicians and Surgeons of Prince Edward Island <input type="radio"/> College of Physicians and Surgeons of Saskatchewan <input type="radio"/> Government of Nunavut <input type="radio"/> Government of the Northwest Territories <input type="radio"/> Yukon Medical Council	BC BC
* Date issued: YYYY-MM-DD	BC
Licence/registration number:	BC
Expiration date, if applicable: YYYY-MM-DD	BC
* Licence/registration type: Training/education	BC
+ ADD ANOTHER LICENCE	

Application


- Practice experience

PRACTICE EXPERIENCE	
<p>* Have you been in active medical practice or a formal programme of postgraduate medical training within the past three years? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	BC
<p>* Do you have any practice experience, not including postgraduate training? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	BC
<p><i>If you have any practice experience, not including postgraduate training, please answer Yes to the question above and provide details.</i></p> <p><i>If you have incomplete information, your application may be rejected by the province/territory you are applying to. Note: Assessment fees are non-refundable.</i></p> <p><i>This message does not apply to Recognition of equivalence of the Medical Degree (M.D.) for the Collège des médecins du Québec.</i></p>	BC

Application

- Warning/omissions
- This is the page that will flag incomplete sections of your application. The Practice Experience section may be flagged as an “incomplete section” even if you have completed it (as below). As long as you have no more information to provide and you have clicked the box at the bottom, the application can still be submitted and accepted.

WARNINGS / OMISSIONS

 Information has not been entered in the following section(s). Select the section from the menu on the left to make changes.

If you continue to submit your application with incomplete information, your application may be rejected by the province/territory you are applying to. Note: Assessment fees are non-refundable.

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<p>Practice Experience</p> <p>Provide details of all practice experience since training.</p>	BC
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I confirm I have no further information to provide in the sections above. BC

Required documentation – your file manager will send you a list of required documents

- One thing most of you will need to do ASAP is to complete part II of the physiciansapply application (background questions)
- You can also work on gathering some documents now **BUT DO NOT SEND** until you get the email from your file manager:
 - Curriculum vitae
 - Two pieces of valid, notarized ID
- Think of three potential referees who have supervised you

“REAL” Provisional registration

- Required if unsuccessful on certification or licensing examinations
- Additional requirements:
 - Approval by the Registration Committee
 - Sponsorship
 - Supervision
- Practice requirements (locums must be 3 months or longer)

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Thank you

- Questions?
- www.cpsbc.ca
- registration@cpsbc.ca

