**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**REQUEST TO REFER A REINSTATEMENT APPLICATION**

**Applicant’s Information:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| City: | \_\_\_\_ | | | Province: | \_\_\_\_\_ | | Postal code: | \_\_\_\_ | |
| Telephone number: | | | \_\_\_\_\_\_\_\_\_\_\_ | | | Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| CPSO No.: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | |  |

**Representative’s Information (if applicable):**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant’s representative: | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Firm: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Address: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| City: | \_\_\_\_\_\_\_\_\_\_\_ | | | | | Province: | | \_\_\_\_\_\_\_\_\_ | | Postal code: | \_\_\_\_\_\_ |
| Telephone number: | | | | | \_\_\_\_\_\_\_\_\_. | | | | Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
| LSO No.: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | |  |  |  |

**Previous Proceedings:**

The applicant’s certificate of registration was revoked |  suspended by the OPSDT or its predecessor, the Discipline Committee, on:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Date |  | Tribunal File No. |

**Note: this application must be made at least five years after the applicant’s certificate of registration was revoked in the case of revocation for sexual abuse, at least one year after the applicant’s certificate of registration was suspended or revoked for other reasons or at least six months after the decision has been made in another application for reinstatement.**

|  | | | **Mandatory Questions** | | | | | **Yes** | | **No** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | | | Have you been disciplined by a licensing authority, other than the College of Physicians and Surgeons of Ontario, the facts of which you have not previously disclosed to the College? | | | | |  | |  | |
| 2. | | | Are there any disciplinary actions pending against you by a licensing authority, other than by the College of Physicians and Surgeons of Ontario, the facts of which you have not previously disclosed to the College? | | | | |  | |  | |
| 3. | | | Have you entered into an agreement with, made a promise or given an undertaking to a licensing authority in the face of potential disciplinary action by that authority, other than the College of Physicians and Surgeons of Ontario, the facts of which you have not previously disclosed to the College? | | | | |  | |  | |
| 4. | | | Since April 1, 2009, have you been charged with, or been found guilty of, any offence in Canada or elsewhere?  (Include all offences under the *Criminal Code* of Canada, the *Controlled Drugs and Substances Act*, the *Food and Drugs Act* or the *Health Insurance Act* or related legislation in any province or jurisdiction. In addition, include any other offences related to the practice of medicine.) | | | | |  | |  | |
| 5. | | | Since April 1, 2009, has a court found against you in any lawsuit involving a patient or someone acting on behalf of a patient? | | | | |  | |  | |
| 6. | | | Since April 1, 2009, have you made a settlement of any lawsuit involving a patient or someone acting on behalf of a patient? | | | | |  | |  | |
| 7. | | | Do you have an addiction or substance use problem (including alcohol) identified since April 1, 2009 that may compromise your ability to practice medicine and for which you are not currently enrolled in the OMA’s Physician Health Programme? | | | | |  | |  | |
| 8. | | | a. | | Do you now have a communicable disease or are you a carrier, whether asymptomatic or otherwise of an infectious agent of a communicable disease (other than Hepatitis B, Hepatitis C and HIV)? | | | |  | |  | |
|  | | | b. | | Should you obtain registration with the College, will you | | | |  | |  | |
|  |  | | | i. | | perform, assist in performing, or have the potential to perform (e.g. emergency physicians) or assist in performing exposure-prone procedures as defined in the Blood Borne Viruses policy? (Refer to CPSO website for policy)  *(If YES, answer 8c – 8f, if NO, skip questions 8c – 8h)*  **OR** | |  | |  | |
|  |  | | | ii. | | perform or assist in performing procedures that may become exposure-prone (e.g. a laparoscopic that may convert to an open procedure)?  *(If YES, answer 8c – 8f, if NO, skip questions 8c – 8h)* | |  | |  | |
|  | | c. | | | Have you had your blood tested for Hepatitis C and HIV in the past 12 months? | | |  | |  | |
|  | | d. | | | Are you infected with and/or have you had a positive blood test with respect to Hepatitis C or HIV? | | |  | |  | |
|  | | e. | | | Have you been vaccinated against Hepatitis B virus? | | |  | |  | |
|  | | f. | | | Have you had post-vaccination testing that confirms immunity to Hepatitis B virus?  *(If NO to 8f, answer 8g and 8h)* | | |  | |  | |
|  | | g. | | | Have you had your blood tested for Hepatitis B virus in the past 12 months?  *Note: If ‘No’ the College will follow up with you regarding completion of the testing requirement* | | |  | |  | |
|  | | h. | | | Are you infected with or have you had a positive blood test with respect to Hepatitis B virus?  (If you test positive for the surface antibodies only, answer No). | | |  | |  | |
| 9. | | I am enrolled and meet the Continuing Professional Development Program of the following: | | | | | |  | |  | |
|  | | | | | i. | | The Royal College of Physicians and Surgeons of Canada |  | |  | |
|  | | | | | ii. | | The College of Family Physicians of Canada |  | |  | |
|  | | | | | iii. | | Medical Psychotherapy Association of Canada |  | |  | |

I apply to the College of Physicians and Surgeons of Ontario to have a new certificate of registration issued or my suspension removed.

I declare that the responses I have provided above are true, complete and accurate.

I have included a receipt for my payment of the application fee required by s. 1(c) of By-Law 2: Fees and Remuneration.

|  |  |  |
| --- | --- | --- |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |  | Date |

**This form must be delivered to the College Legal Department by sending it to** [**mgiokas@cpso.on.ca**](mailto:mgiokas@cpso.on.ca) **and filed with the OPSDT at** [**tribunal@opsdt.ca**](mailto:tribunal@opsdt.ca)