



Policy Name:	Courtesy Registration
Policy Category:	Registration
Developed by:	Registration Committee
Approved by:	NLCHP Council
Approval date:	April 6, 2022
Review:	Every 3 years

Overview:

The *Health Professions Act* (the *Act*) and associated regulations set out the requirements for registration in the province of Newfoundland and Labrador. Section 7 (2) requires the Council to act in the public interest. The NLCHP recognizes that situations arise where health professionals may be required to provide services for a short term specific purpose in Newfoundland and Labrador. Given that health professional in other regulated provinces under the provisions of the Agreement on Internal Trade are assumed to meet the qualifications for registration in the province of Newfoundland and Labrador, the Council and Colleges will work within their respective organizations to facilitate the registration of health professionals registered in other regulated Canadian jurisdictions who are conducting discipline specific services for a defined period.

Policy:

The NLCHP Registrar may approve a courtesy registration for purposes including:

- Conducting a training course or clinical presentation in the province involving direct patient/clinical contact;
- Conducting or engaging in an approved research program through a recognized research organization involving patient/clinical contact or requiring use of title;
- Demonstrating equipment or techniques involving direct patient/client contact;

- Providing short-term services for the purpose of ensuing continuity of care for a client who is residing in Newfoundland and Labrador, if treatment was started in another jurisdiction;
- Providing short-term services if no local health professional with the necessary competencies is available to provide services in a reasonable timeframe or within reasonable geographic proximity to the client, given the circumstances of the situation; and
- Or any other circumstance deemed eligible by the Registrar for a courtesy registration.

Applicants who are registered in another regulated Canadian jurisdiction must provide the following documentation:

- Photo identification;
- Declaration that they have never been convicted of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substance Act* (Canada) or a similar penal statute of another country;
- Proof of professional liability insurance; and
- Letter(s) of good standing from the Canadian jurisdiction(s) where the applicant is currently registered.

Applicants must provide details of why they are requesting a courtesy registration including dates and timelines.

The Registrar will review the application. Based upon the review, applicants may be granted registration for a specified period of time not to exceed **30 working days** for the duration of the registration year. The Courtesy Registration is only valid within the registration year (maximum of 12 months) and cannot be renewed. Registrants may re-apply.

Registration fees for courtesy registration will be approved by the Finance Committee and posted to the web site. Documents provided will not be returned to the applicant but will be maintained in the applicant's file.

The Registrar may cancel or suspend a courtesy registration if the registration in the home jurisdiction has lapsed for any reason.

Procedure:

1. Applicants must complete the application form for a courtesy registration. (Attached)
2. Letter(s) of Good Standing must be sent by the jurisdiction directly to the NLCHP.

3. Letter(s) of Good Standing must include confirmation of whether the applicant is or has been the subject of investigative or disciplinary proceedings in the jurisdiction (s) and the particulars of those investigative or disciplinary proceedings.

4. The applicant must sign a declaration as part of the application process that he/she has never been convicted of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substance Act* (Canada) or a similar penal statute of another country.

References

Alberta College of Speech-Language Pathologists and Audiologists Courtesy Registration Policy

Original Policy: April 22nd, 2013

Revised: December 8, 2021
April 6, 2022



NLCHP

NEWFOUNDLAND AND LABRADOR
COUNCIL OF HEALTH PROFESSIONALS

Courtesy Registration Form *

This form is to be completed by applicants applying for courtesy registration . Please review the policy, Courtesy Registration posted on www.nlchp.ca and/or contact the NLCHP at (709)745-7304 to confirm eligibility to register.

PLEASE PRINT

A. PERSONAL INFORMATION

Name: _____
Last Name/First Name/Initial

Home Address: _____
Street City/Town Province

_____ *Postal Code P.O. Box*

Phone Number: Home () _____ Mobile () _____

Email Address: _____

(to be used for communications from the Council)

Date of Birth: _____
Day Month Year

If no, please provide documentation to support ability to work in Canada

B. REQUIRED INFORMATION

- If yes, please complete the following section:

Address: _____

Street *City/Town* *Province*

Postal Code *P.O. Box*

Number of years with this employer: _____

2. Which CANADIAN jurisdiction(s) are you currently registered :

Jurisdiction: _____ Date of Initial Registration: _____

(D/M/Y)

Currently Registered: _____ Regulatory Body: _____

If you have been registered in more than one jurisdiction, please attach on a separate sheet the information requested in question 2.

Please note that a letter of good standing is required from each jurisdiction in which you are currently or have ever been registered. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings. Please arrange for this letter to be sent DIRECTLY to the Newfoundland and Labrador Council of Health Professionals (NLCHP) Registrar from the other jurisdiction.

Registrar

Newfoundland and Labrador Council of Health Professionals

209 Blackmarsh Rd

St. John's NL A1E 1T1

secretary@nlchp.ca

3. Reason for requesting Courtesy Registration:

Date(s)/Timelines for registration:

Please ensure that the following documents are also included with your application:

- ☐ Copy of Government Issued Photo Identification (Driver's license or passport)

C. CONSENT TO RELEASE OF INFORMATION

It may be necessary for the Newfoundland and Labrador Council of Health Professionals to contact your employer, regulatory body in another jurisdiction in which you are registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application for visiting lecturer. By signing the following consent statement, you agree that the Council may perform these activities. The Council will not access additional information about you unless it is necessary to do so in order to process or assess your registration application.

Consent Statement:

I, _____ provide my consent to the Newfoundland and Labrador Council of Health Professionals to contact any individual, company, or institution to access and/or obtain any personal information about me that the Council may require to process or assess my registration application. I further provide my consent to any individual, company, or institution to release my personal information to the Council in response to a request for information from the Council.

D. DECLARATION

I, _____ declare that I have not ☐ / have ☐ been convicted of an offense under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or similar penal statute of another country.

Signed: _____ Date: _____

E. INSURANCE

The *Health Professions Act* requires all health professionals registered under the Act to maintain a professional liability insurance policy. A certified copy of your insurance certificate **MUST** be forwarded with your application. Please provide the following information:

Your insurer: _____

Policy number: (if applicable): _____

Date on which current policy expires: _____

F. FEES

NLCHP Courtesy Registration Fees:

NLCHP Courtesy Registration Fee	\$100
---------------------------------	-------

I hereby apply for registration as a courtesy registration as per the NLCHP Courtesy Registration Policy and the Health Professions Act and I declare that the information I have provided is true and correct.

Signature

Date (D/M/Y)

Please send form to :

209 Blackmarsh Road

St. John's, NL, A1E 1T1

Fax: (709) 745-0877

Email: secretary@nlchp.ca