

**COLLEGE OF PHYSICIANS
AND SURGEONS OF
NEW BRUNSWICK**

**APPLICATION FOR
TELEMEDICINE
PROVIDER**

1	Surname	Given Names	Male <input type="checkbox"/>	Date of Birth		
			Female <input type="checkbox"/>	Y	M	D
2	Mailing Address					
	Telephone ()			Fax ()		
3	Specialty		Date of Certification		Certification Body	

BRIEF DISCRPTION OF INTENDED TELEMEDICINE SERVICE

In applying to provide telemedicine service into New Brunswick, I attest to the following:

1. I am currently licensed in my home jurisdiction
2. I will maintain that license at all times while providing any telemedicine service
3. There are no restrictions on my license in my home jurisdiction which would preclude the intended telemedicine service
4. I have appropriate malpractice coverage, or other assistance, such as through the Canadian Medical Protective Association, to provide the intended telemedicine service
5. In providing the telemedicine service, I will make all reasonable efforts to comply with such statutes, regulations, rules, or policies which would apply to the service if it were provided in New Brunswick
6. As a precondition to providing this service, I will not require any New Brunswick patient to agree to any release regarding choice of laws or forum, should any legal action arise from the provision of this service
7. I accept the jurisdiction of the medical regulatory authority in my home province or territory to consider any complaints which may arise from the provision of this service

Date _____

Signature of applicant