



NOVA SCOTIA REGULATOR OF PARAMEDICINE

Regulatory Processes Policies
Manual



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Nova Scotia Regulator of Paramedicine
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Introduction

This manual serves as a repository for the Nova Scotia Regulator of Paramedicine's regulatory process policies. Collectively, these policies serve as a regulatory tool to help applicants, registrants, and other parties understand their responsibilities and the regulatory processes associated with registration, licensing, and professional conduct.

Through this manual, we emphasise the importance of compliance with the Regulated Health Professions Act, its associated regulations, and other relevant legislation, providing all practitioners with access to the essential and important legislative and policy information related to the practice of paramedicine in Nova Scotia.

Registration and licensing policies outline the requirements for entering and maintaining a licence within the profession. They are meant to ensure that only individuals who meet established standards of education, training and competence are licensed to practise. This protects the public by preventing unqualified individuals from delivering paramedicine services.

The professional conduct policies address the acceptable behaviour and ethical expectations for registrants of the profession. They guide registrants in maintaining integrity and accountability and provide a framework for addressing professional conduct matters. This promotes trust and confidence in the profession.

The fitness-to-practise policies address situations where a registrant may be impaired or otherwise unable to practise safely (e.g. due to health, substance use or mental capacity). They address the risk associated with practitioners who are not fit to provide paramedicine services.

Reinstatement policies outline the process for registrants whose registration and/or licence have been revoked who wish to return to the profession. These policies ensure that individuals in this situation meet current practice requirements before resuming practice, thereby maintaining the safety and integrity of the profession.

Once developed, the practice review policies will provide another mechanism for assessing the ongoing competence of practitioners. They will support continuous improvement, early risk identification, and correction where necessary, thus enhancing the quality and safety of services provided to the public.

By adhering to these policies, the Regulator seeks to safeguard public interest, uphold the integrity of the profession, and enhance public trust in the Nova Scotia Regulator of Paramedicine.

The policies outlined herein will undergo regular reviews and updates to align with best practices and evolving standards in paramedicine.

We encourage all users of this manual to familiarize themselves with its contents and to consult the Regulator for any clarifications or additional information regarding their roles and responsibilities within the paramedicine profession.

Definitions

“Act” means the *Regulated Health Professions Act*.

“Applicant” means a person applying for registration or a licence with the Regulator.

“Bridging education” means a program approved by a Registrar that addresses gaps in competencies identified through a competence assessment or through information otherwise provided to NSRoP.

“Business day” means any day Monday to Friday, excluding statutory holidays.

“Canadian Organization of Paramedic Regulators” means the organization approved by the Board to administer registration and licensing examinations for Emergency Medical Responders, Primary Care Paramedics, and Advanced Care Paramedics.

“Change Of Licence Category Applicant” means a Registrant of the Regulator seeking a change in their Licence Category.

“Complaint” means a notice submitted to the Regulator in the form approved by the Registrar that advises of matters that may constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a registrant.

“Complaints Committee” means the Complaints Committee appointed under the *Regulated Health Professions Act* for the paramedicine profession.

“Complaints Committee Support Person” means staff of the Regulator, legal counsel, the investigator, or another person designated by the Registrar or the Complaints Committee.

“Competence” means the ability to integrate and apply competencies in a designated role and practice setting.

“Competence assessment” means a process approved by the Registrar or a statutory committee for assessing competence.

“Completed application” means an application that includes all information and documentation necessary for the registration and licensing decision-maker to determine whether an applicant meets the requirements for registration and licensing, and includes information provided by a third party. ***PACA Definition Regulations 3(1)***

“Conditional licence” means a licence issued to a registrant on the Conditional Register who does not meet the criteria for a practising license but meets the criteria for a licence that is limited by certain conditions or restrictions.

“Conditional Register” means the register of persons whose most recent licence was a conditional licence in one of the conditional licensing categories established pursuant to the Paramedicine Regulations or By-Laws. **RHPA, section 28**

“Conduct unbecoming the profession” means conduct in a registrant’s personal or private capacity that tends to bring discredit upon registrants or the paramedicine profession.

“Continuing-competence program” means a program approved by the Board that focuses on promoting and enhancing the competence of registrants throughout their careers.

“EMR exam” means the entry to practice examination for emergency medical responders administered by the Canadian Organization of Paramedic Regulators and approved by the Board.

“EMR graduate” means a registrant who has graduated from an EMR education program approved by the Board, but who has not yet passed the EMR exam.

“Entry to Practice Examination” means the entry to practice examinations required to be successfully completed and passed by an applicant for registration and licensing in a licence category.

“Expedited Pathway” refers to the Regulator’s registration and licensing process by which an applicant authorized to practise in an international jurisdiction approved by the Board will not be required to have their individual educational credentials assessed by the Regulator or a third party.

“Expired Licence Applicant” means a Registrant of the Regulator whose licence has expired for any reason, including those not currently licensed with the Regulator, but presently authorized to practise in another Canadian Jurisdiction.

"Fitness-to-Practise Committee" means the fitness-to-practise committee appointed under the *Regulated Health Professions Act* for the paramedicine profession.

"Fitness-to-Practise Process" means a fitness-to-practise process set out in the *Regulated Health Professions Act*.

“Hearing” means a process before a statutory committee, other than a Complaints Committee, a Registration and Licensing Committee, or a Fitness-to-Practise Committee, in which the

parties may lead evidence, but does not include the consideration by a Professional Conduct Committee of a settlement agreement or an application for consent revocation.

“Incapacity” means the status whereby a registrant has or had a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered the registrant unable to practise with competence or that endangers or may have endangered the health or safety of clients.

“Incompetence”, in relation to a registrant, means a lack of competence demonstrated in the registrant’s care of a client or delivery of paramedicine services that, having regard to all the circumstances, rendered the registrant unsafe to practise at the time of such care of the client or delivery of paramedicine services or that renders the registrant unsafe to continue in practice without remedial assistance.

“Indirect Supervision” means the ongoing monitoring of the practice of a paramedic or EMR by a paramedic who, at a minimum, has held the same licence category as the individual requiring supervision for at least the past two (2) years, whose scope of practice and availability enables them to provide immediate support and intervention to a client when required.

“Initial Registration and Licensing Applicant” means an individual who has never previously been registered or licensed with the Regulator.

“International Applicant” means an individual who is registered or licensed to practice paramedicine in a jurisdiction outside of Canada.

“Investigator” means an investigator appointed by the Registrar or a statutory committee to conduct or supervise an investigation into a regulatory matter.

“Licence Renewal Applicant” means a Registrant of the Regulator who is licenced and completes an application during the Regulator’s annual licence renewal period.

“Licensee” means a registrant who has a licence to practice paramedicine in Nova Scotia.

“Licensing Sanction” means

- (a) the imposition of conditions or restrictions on a licence by a Complaints Committee or a Professional Conduct Committee or an equivalent body from another jurisdiction, but does not include conditions or restrictions imposed through the process set out in Section 89 of the *Regulated Health Professions Act* (interim measures) or through an informal resolution process under the Act;

- (b) a consent reprimand ordered by a Complaints Committee or an equivalent body from another jurisdiction;
- (c) a reprimand issued by a Professional Conduct Committee or an equivalent body from another jurisdiction;
- (d) a fine ordered by a Professional Conduct Committee or an equivalent body from another jurisdiction;
- (e) a suspension of a licence by a Professional Conduct Committee or an equivalent body from another jurisdiction; or
- (f) a revocation of registration or licence by a Professional Conduct Committee or an equivalent body from another jurisdiction,

but does not include a caution;

“Licensing year” means the 12-month period between April 1st of one year and March 31st of the next year, for the issuance, renewal, and expiry of licences.

“New to the Practice of Paramedicine” refers to an individual who has never registered or held a licence to practise paramedicine in any Canadian or international jurisdiction.

“Objects of the Regulator” are to: protect the public from harm; serve and promote the public interest; subject to the public interest, preserve the integrity of its profession; and maintain public confidence in the ability of the regulatory body to regulate its profession.

“Party” means the Regulator, the Applicant or the respondent, as the context requires.

“PCP exam” means the entry to practice examination for primary care paramedics administered by the Canadian Organization of Paramedic Regulators and approved by the Board.

“PCP graduate” means a registrant who has graduated from a PCP program approved by the Board, but who has not yet passed the PCP exam.

“Practising licence” means a licence issued to a registrant on the Practising Register who meets the criteria for a practising licence.

“Practising Register” means the register of persons whose most recent licence was a practising licence in one of the practising licensing categories established pursuant to the Paramedicine Regulations or By-Laws. **RHPA, section 28**

“Professional Conduct Committee” means the professional conduct committee for the paramedicine profession appointed under the *Regulated Health Professions Act*.

“Professional Conduct Processes” means the professional conduct processes set out in the *Regulated Health Professions Act*, the General Regulations, and the Policies.

“Professional Misconduct” includes such conduct or acts relevant to the practice of paramedicine that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional, including

- (a) failing to maintain the standards of practice;
- (b) failing to adhere to any codes of ethics adopted by the Regulator;
- (c) abusing a person verbally, physically, emotionally or sexually;
- (d) engaging in sexual misconduct with a person;
- (e) misappropriating property, including drugs, belonging to a client or an employer;
- (f) inappropriately influencing a client to make or change a legal document;
- (g) abandoning a client;
- (h) neglecting to provide care to a client;
- (i) failing to exercise appropriate discretion with respect to the disclosure of confidential information;
- (j) falsifying records;
- (k) inappropriately using licensing status for personal gain;
- (l) promoting for personal gain any drug, device, treatment, procedure, product or service that is unnecessary, ineffective or unsafe;
- (m) publishing, or causing to be published, any communication that is false, fraudulent, deceptive or misleading;
- (n) engaging or assisting in fraud, misrepresentation, deception or concealment of a material fact when applying for or securing registration or a licence or taking any examination provided for in the *Regulated Health Professions Act*, including using fraudulently procured credentials; and

- (o) taking or using a designation or a derivation or abbreviation thereof, or describing the person's activities as being part of the practice of paramedicine in any communication, including verbally, unless the referenced activity falls within the practice of paramedicine.

"Registrant Applicant" means a Registrant with the Regulator seeking a licence or reinstatement.

"Registrar" has the same meaning as the definition provided in the *Regulated Health Professions Act (RHPA)* Section 2 and includes a person to whom the Registrar has delegated any functions assigned to the Registrar by the *RHPA*, the regulations or the bylaws, per ***RHPA* Section 11(2)**.

"Registered/Licensed In Other Canadian Jurisdiction" means an individual who is currently registered or licensed to practise paramedicine in another Canadian jurisdiction.

"Registration and Licensing Decision-Maker" has the same meaning as described in the Paramedicine Regulations.

"Reinstatement Application" means a written request by a registrant or former registrant for the reinstatement of their registration or licence following a **revocation or a resignation authorized under the Act**.

"Reinstatement Committee" means the reinstatement committee appointed under the Regulated Health Professions Act for the paramedicine profession.

"Regulations" mean the Regulated Health Professions General Regulations and/or the Paramedicine Regulations.

"Self-assessment tool" means a document or information prepared by a registrant containing a self-assessment of the registrant for the purposes of the continuing-competence program.

"Settlement Agreement" means an agreement that resolves a complaint after a matter has been referred for hearing by the Complaints Committee.

Section 1 – General Regulator Process Policies (100 Series)

General Regulatory Process 100.0 Blank**Date First Approved:** YYYY/MM/DD**Effective Date:** YYYY/MM/DD**Revision Date:** YYYY/MM/DD**Next Review Date:** YYYY/MM/DD**Next Review Date:** YYYY/MM/DD**Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. When this manual was created, the Regulator had not formalized any General Regulator Process Policies.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Section 2 – Registration and Licensing Policies (200 Series)

Sub-Section – General Registration and Licensing

Registration and Licensing 201.0 Information Guiding the Practice of Paramedicine -
Applicant and Registrant Responsibilities

Date First Approved: 2025/05/12 **Effective Date:** 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. All applicants and registrants must be familiar with the information that guides the practice of paramedicine in Nova Scotia, including:
 - 1.1. Nova Scotia legislation and Regulator policies specific to the practice of Paramedicine;
 - 1.2. other relevant Nova Scotia legislation;
 - 1.3. relevant federal Legislation.
2. The Nova Scotia legislation and Regulator policies specific to the practice of paramedicine, that all applicants and registrants must be familiar with, include:
 - 2.1. the *Nova Scotia Regulated Health Professions Act (RHPA)*;
 - 2.2. the *RHPA* General Regulations;
 - 2.3. the *RHPA* Paramedicine Regulations;
 - 2.4. the Regulator's Bylaws;
 - 2.5. the Regulator's Code of Ethics;
 - 2.6. the Regulator's Standards of Practice;
 - 2.7. the Regulator's Competency Framework for the category of licence the applicant is seeking or the one held by the Registrant;
 - 2.8. the Regulator's Administrative Policies;
 - 2.9. the Regulator's Registration and Licensing Policies.

3. The other relevant Nova Scotia legislation that all applicants and registrants must be familiar with includes:
 - 3.1. the Adult Protection Act;
 - 3.2. the Children and Family Services Act;
 - 3.3. the Emergency Health Services Act;
 - 3.4. the Fatality Investigations Act;
 - 3.5. the Freedom of Information and Protection of Privacy Act;
 - 3.6. the Gunshot Wounds Mandatory Reporting Act;
 - 3.7. the Health Protection Act;
 - 3.8. the Hospitals Act;
 - 3.9. the Human Organ and Tissue Donation Act;
 - 3.10. the Involuntary Psychiatric Treatment Act;
 - 3.11. the Motor Vehicle Act;
 - 3.12. the Personal Directives Act;
 - 3.13. the Personal Health Information Act;
 - 3.14. the Protection of Persons in Care Act.
4. The relevant Federal legislation that all applicants and Registrants must be familiar with includes:
 - 4.1. the Controlled Drugs and Substances Act;
 - 4.2. the Criminal Code provisions specific to Medical Assistance in Dying (MAiD);
 - 4.3. the Food and Drugs Act.
5. Once licensed, all applicants and registrants must ensure they understand how their employer's policies align with and are influenced by the legislative and regulatory requirements governing paramedicine in Nova Scotia.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 202.0

Date First Approved: 2025/05/12

Effective Date: 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

N/A

POLICY STATEMENT

1. The Registrar approves all forms related to the Regulator's registration and licensing processes. **Bylaw Article 4.1**
2. All information provided by the applicant or registrant must be true and accurate.
3. Applicants and Registrants must read the questions on all forms carefully and answer them truthfully.
4. If an applicant or Registrant requires clarity about how to respond to questions, they are strongly encouraged to contact the Regulator's staff for clarification.
5. When completing a form, the applicant or Registrant will acknowledge and accept responsibility for:
 - 5.1. utilizing a personal email account as the primary means of communication with the Regulator and accepting the responsibility to monitor and respond to emails from the Regulator;
 - 5.1.1. being responsible for any delays in processing a form that result from their failure to respond to any communication from the Regulator;
 - 5.2. ensuring their form is complete with all supporting documentation requested by the Regulator;
 - 5.3. ensuring their information is up to date with the Regulator;
 - 5.3.1. being responsible for delays in processing a form that result from their failure to keep their information up to date with the Regulator;

- 5.4. reading, understanding and responding to all the questions presented in a form in accordance with the wording of the questions;
- 5.5. seeking clarification from Regulator staff when necessary to interpret questions associated with the form;
- 5.6. not providing any inaccurate, false, or misleading information, or omitting required information required by the form;
- 5.7. understanding the information contained in the Regulator's privacy and confidentiality policies and agreeing to the use and disclosure of their personal information for the purposes outlined in these policies;
- 5.8. immediately reporting to the Regulator anything that occurs that would alter their responses to any of the questions contained in the form while they are registered or licenced;
- 5.9. acknowledging that any information provided to the Regulator may be used by the Regulator for any regulatory purpose or shared with stakeholders, including but not limited to relevant Nova Scotia Government departments, the Canadian Institute of Health Information, and other regulatory authorities, including paramedicine regulators, as described in the Regulator's privacy and confidentiality policies;
- 5.10. consenting to the Regulator seeking to verify any information related to the form and seeking that information from other regulatory authorities, institutions, or persons;
- 5.11. declaring that the information provided in the form is true, accurate and complete to the best of their knowledge, knowing that the provision of false information in the application, whether false by commission or omission, may be considered professional misconduct or evidence of bad character, and may result in the revocation of, or refusal to issue registration or a licence with the Regulator;
- 5.12. agreeing that submitting the form electronically and inserting their name in the form is equivalent to their original ink signature.

RELATED DOCUMENTS

Paramedicine Bylaws, Article(s) 4.1

Administrative Policy 101 – Confidentiality of Nova Scotia Regulator of Paramedicine
Information and its Appendix B – Confidentiality Agreement

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Payment Process

Effective Date: 2018/11/08

Approved By: Board

N/A

1. This policy applies to applicants and registrants of the Regulator.
2. The Board approves all fees associated with, but not limited to, registration and licensing.
RHPA Section 10(1)(a)
3. The Registrar determines the timeframe and method of fee payments for registration and licensing as outlined in the *RHPA Paramedicine Regulations*. **RHPA Paramedicine Regulations Sections 10(2)(c), 11(1)(c), 12(1)(b)(vi), 13(1)(b)**
4. The Regulator requires payment for, but is not limited to, the following:
 - 4.1. processing applications or forms submitted to the Regulator;
 - 4.2. initial registration and licensing;
 - 4.3. annual licensing;
 - 4.4. testing or examination fees;
 - 4.5. financial Institution fees incurred by the Regulator resulting from an applicant's or registrant's action;
 - 4.6. other fees associated with the organisation's regulatory processes.
5. All applicable fees must be paid in accordance with the Board approved Regulators Fee schedule, which will be published.

Application Fees

6. Application fees must be paid upon submission. Failure to pay at the time of submission will delay the processing of the application until the application fee is submitted.

Initial Registration and Licensing Fees

7. All Initial Registration and Licensing Applicants provided with confirmation from the Regulator that they are approved for registration and licensing:
 - 7.1. must pay the initial registration and licensing fee within fifteen (15) business days of the Regulator approving the applicant for registration and licensing; otherwise, the Regulator may withdraw the applicant's application.
 - 7.2. whose application was withdrawn by the Regulator and provides written confirmation of their intent to pursue registration and licensing;
 - 7.2.1. will be required to pay the initial registration and licensing application fee again, and
 - 7.2.2. may be required to provide the Regulator with updated documentation, which would include expired documents.

Change in Licence Category Fees

8. A registrant must pay a change in category of licence fee when changing their category of licence from:
 - 8.1. EMR Graduate to EMR;
 - 8.2. PCP Graduate to PCP;
 - 8.3. PCP to ACP; or
 - 8.4. ACP to CCP.

Annual Licence Renewal Fees and Late Fees

9. Registrants must renew their licences and pay the renewal fee by February 28 (or 29 in a leap year) each year.
10. Registrants who fail to pay by the deadline will incur a late renewal fee of fifty percent (50%) of the annual licence renewal fee, applied as follows:

- 10.1. fifty percent (50%) of the late fee on the first day after the deadline; and
 - 10.2. an additional twenty-five percent (25%) every seven days thereafter until the total fee reaches fifty percent (50%).
11. Registrants who do not renew by March 31 annually must pay the annual licence renewal fee in addition to an expired licence fee equivalent to fifty percent (50%) of the annual licence renewal fee.

Expired Licence Fees

12. Registrants who apply for a licence more than 365 days after their most recent licence expires must pay an expired application fee and the annual licensing fee.

Reinstatement Fees

13. An applicant applying for Reinstatement by the Reinstatement Committee must pay the Reinstatement of Registration and Licensure Application fee.

Fines

14. The Registrar may impose a fine of fifty percent (50%) of the annual licensing fee, per month, up to a maximum of twice the annual licensing fee, on a registrant who has practised without a licence for a period less than one year. **NSRoP Bylaws Fines and Penalties**
15. The fine that may be imposed for reinstating a suspended licence in accordance with section 154 of the Act may be up to the equivalent of the annual licensing fee. **NSRoP Bylaws Fines and Penalties**

Methods of Payment

16. The Regulator does not accept cash payments but accepts payment via:
- 16.1. credit cards,
 - 16.2. money orders,
 - 16.3. certified cheques, or
 - 16.4. personal cheques.
17. Applications paid by personal cheque will not be processed until the payment clears and is deposited in the Regulator's account.

18. Payment via money order, certified cheque, or personal cheque must be payable to the Nova Scotia Regulator of Paramedicine and sent to the mailing address listed on the Regulator's website.

Permitted Refunds

19. No portion of any fee is pro-rated or refundable, except for the annual licence renewal fee.
20. A registrant may be eligible for a refund of their annual licence renewal fee if:
- 20.1. the refund request is made between February 1 and March 31 of the year the renewal fee was paid, and
 - 20.2. the registrant provides written confirmation that they will not practice beyond March 31 of that year.
21. Any fee refund will exclude those financial costs incurred by the Regulator to provide the refund.

Financial Institution Fees incurred by the Regulator

22. Any insufficient funds fee and any additional financial institution charges incurred by the Regulator will be applied to any applicant or registrant who pays by personal cheque when the funds associated with the personal cheque cannot be deposited due to insufficient funds.
23. Any credit card refund fees incurred by the Regulator will be deducted from the refund provided to an applicant or registrant.

RELATED DOCUMENTS

Regulated Health Professions Act, Section 10(1)(a)

Paramedicine Regulations Sections 10(2)(c), 11(1)(c), 12(1)(b)(vi), 13(1)(b)

NSRoP Bylaws Fines and Penalties

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 203.0 Applicant and Registrant Fees, Fines, and the Regulators
Payment Process “Appendix A” Fee Schedule

NSRoP Fee Schedule	
Type of Fee	Fee
Applications	
New to Practice the Practice of Paramedicine Applicant	\$175.00
Registered/Licensed In another Canadian Jurisdiction Applicant	\$175.00
International Applicant	\$250.00
Initial Registration and Licensing	
Initial Registration & Licensure Applicant (April 1 to Dec. 31 annually)	\$575.00
Annual Renewal and Expired Licenses	
Licence Renewal Applicant	\$575.00
Late Renewal Applicant	\$143.75 to \$285.75
Expired Licence Applicant	\$175.00
Change in Category of Licence Applicant	\$60.00
Other Regulatory Processes	
Verification of Registration and Licensure Applicant	\$60.00
Lapse in Professional Liability Insurance Fee	\$100.00
Registration and Licensing Review Applicant	\$400
Reinstatement of Registration or Licensure Applicant	\$400
Financial Institution Fees Incurred by the Regulator	
Insufficient Funds and Associated Banking Charges	Per NSF charge
Credit Card Refund Processing Charge	Per Refund charge

Registration and Licensing 204.0		The Registers and their Maintenance	
Date First Approved:	2017/11/28	Effective Date:	2017/11/28
Revision Date:	2025/05/12		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

"Practising Register" – see definitions.

"Conditional Register" – see definitions.

POLICY STATEMENT

1. The Registrar shall keep the registers for each of the categories of licence overseen by the Regulator. **RHPA, section 27(1)**
2. A register must include the following information for each registrant:
 - 2.1. the name, including the preferred name, of each registrant as specified on their licence application or renewal form,
 - 2.2. registration number,
 - 2.3. name and location of educational programs attended,
 - 2.4. graduation date, and
 - 2.5. date of entry in the register. **RHPA, section 27(2)**
3. In addition to the information in clause 4 of this policy, the Registrar shall further record in the Conditional Register any conditions or restrictions that apply to a registrant's registration or licence. **RHPA, section 27(3)**
4. The Registrar must publish all the following information on the Regulator's website:
 - 4.1. the name, including the preferred name, of each registrant as specified on their licence application or renewal form;
 - 4.2. the registration number of each registrant;
 - 4.3. for each registrant,

- 4.3.1. the name of the register in which they are registered,
- 4.3.2. the category of licence they hold, if any, or a notation of their licence status,
- 4.3.3. any current conditions or restrictions on their licence or registration that are not covered by a publication ban,
- 4.3.4. any licensing sanctions that are not covered by a publication ban, but not including any expired conditions or restrictions;
- 4.4. a record of each registrant who has current approval issued by the registrar to engage in a professional activity, procedure or service as part of their individual scope of practice, including all of the following information:
 - 4.4.1. the nature of the approved activity, procedure or service,
 - 4.4.2. any titles or permits authorized by the registrar to signify approval to engage in the approved activity, procedure or service,
 - 4.4.3. any conditions or restrictions respecting the approved activity, procedure, or service;
 - 4.4.4. any other information that is required under the bylaws to be in the register or the record, if the registrar determines it is in the public interest to make that information publicly available. **RHPA General Regulations, section 7(1)**
- 5. The Registrar shall annotate or change a registrant's information in a Register when:
 - 5.1. the registration of the registrant is revoked,
 - 5.2. the registrant resigns, per RHPA General Regulation, section 47,
 - 5.3. there is a change in the registrant's name,
 - 5.4. there is an error on the register,
 - 5.5. the Registrar determines the registrant no longer meets the criteria for registration,
 - 5.6. conditions or restrictions are imposed,
 - 5.7. a licensing sanction is imposed, and
 - 5.8. under such other circumstances when it is determined appropriate by the Registrar. **RHPA, section 27(4)**

6. The Registrar must maintain the following information on the Regulator's website for a minimum of 25 years following the date a registrant last held a licence:
 - 6.1. the name, including the preferred name, of the registrant as specified on their licence application or last renewal form,
 - 6.2. the registration number of the registrant,
 - 6.3. the date the registrant last held a licence,
 - 6.4. the category of licence the registrant last held,
 - 6.5. the reason the registrant no longer holds a licence,
 - 6.6. any conditions or restrictions active as of the date the registrant last held a licence that are not covered by a publication ban,
 - 6.7. any licensing sanctions that are not covered by a publication ban but not including any expired conditions or restrictions.
7. The Registrar may redact publicly available information if the Registrar has reasonable grounds to believe it is in the public interest to do so. **RHPA General Regulations, section 7(4)**

RELATED DOCUMENTS

Regulated Health Professions Act, Sections 27 – 29

RHPA General Regulations, Section 7

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

February 26, 2025 - Updated for compliance with the RHPA.

Registration and Licensing 205.0 Practising and Conditional Licences (Categories of Licence)
and Restoration of Licences

Date First Approved: 2025/05/12

Effective Date: 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Conditional licence” – see definitions.

“Practicing licence” – see definitions.

POLICY STATEMENT

1. The following are the practising licence categories for paramedicine:
 - 1.1. emergency medical responder practising licence;
 - 1.2. primary care paramedic practising licence;
 - 1.3. advanced care paramedic practising licence; and
 - 1.4. critical care paramedic practising licence. **Paramedicine Regulations, section 8;**
2. The following are the conditional licence categories for paramedicine:
 - 2.1. emergency medical responder conditional licence;
 - 2.2. primary care paramedic conditional licence;
 - 2.3. advanced care paramedic conditional licence; and
 - 2.4. critical care paramedic conditional licence. **Paramedicine Regulations, section 9**
3. The Registrar shall restore the licence of the registrant in the form it existed before the imposition of the suspension, conditions or restrictions if:
 - 3.1. the registrant otherwise meets the criteria for the issuing of a licence, and

- 3.2. the period of suspension of a registrant has expired, the conditions imposed on the registrant have been satisfied or the restrictions imposed on the registrant have been removed. **RHPA, section 111(1)**
4. Where the licence has expired for a registrant to whom clause 3 applies, the registrant shall pay the prescribed fee for renewal of the licence before its re-issue. **RHPA, section 111(2)**
5. Where a registrant's licence has been restored under clause 3, the Registrar shall:
 - 5.1. make the appropriate entries in the records of the Regulator,
 - 5.2. where registering bodies in other jurisdictions had previously been informed of the suspension, conditions or restrictions, notify those registering bodies of the lifting of the suspension, conditions or restrictions, and
 - 5.3. notify other persons as required.
6. The registrant may apply for reinstatement of their registration or licence pursuant to the processes set out at sections 116 – 121 of the RHPA and sections 33 – 45 of the RHPA General Regulations, where:
 - 6.1. a registrant's registration or licence has been revoked; or
 - 6.2. a registrant's resignation of their registration or licence has been authorized under the RHPA.
7. Restrictions or conditions imposed on a conditional licence that have not expired remain in effect on any new licence issued to the registrant. **RHPA, section 48**

RELATED DOCUMENTS

Regulated Health Professions Act, Section(s) 41, 45, 48 and 111

Paramedicine Regulations, Section(s) 8 – 9

Paramedicine By-Laws, Article 18

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

February 26, 2025 - Updated for compliance with the RHPA.

Registration and Licensing 206.0 Migration of Intermediate Care Paramedic Registrants to the Primary Care Register(s) with additional approved activities

Date First Approved: 2025/01/18 **Effective Date:** 2025/01/18

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. Per the Nova Scotia Regulator of Paramedicine (NSRoP) Bylaws, as of April 1, 2025, no person shall be eligible for the Intermediate Care Paramedic (ICP) licence category.
2. On April 1, 2025, the ED/Registrar will migrate any paramedic registered as an ICP to a corresponding Primary Care Paramedic (PCP) register with additional aspects of the practice of paramedicine.
3. The additional aspects of the practice of paramedicine approved by the Board include the following specific skills:
 - 3.1. suctioning beyond the oropharynx;
 - 3.2. utilizing airway devices introduced endotracheally;
 - 3.3. perform manual defibrillation; and
 - 3.4. administer medications rectally.
4. On April 1, 2025, a Registrant who became registered as a PCP with additional aspects of the practice of paramedicine, pursuant to paragraph 2 above, and who meets the licensing criteria established in Paramedicine Regulations and NSRoP Bylaws will be licensed as PCP with additional approved activities.
 - 4.1. The additional approved activities will be annotated on the corresponding Register.
5. All Registrants possessing the PCP licence category with additional approved activities identified in this policy must ensure they maintain competence with respect to those additional approved activities for as long as they hold a licence.

RELATED DOCUMENTS

Paramedicine Bylaws

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

With No Licence

Expiring Licences, Annual Licence Renewal and Practising

Date First Approved: 2025/05/12

Effective Date: 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Licensing year” – See definitions.

POLICY STATEMENT

1. This policy applies to all licensed registrants, including those applying for a licence.

Practising Licence – Expiry

2. Subject to clause 3 of this policy, a practising licence remains in effect until the end of the licensing year in which it is issued or such earlier expiry date specified on the licence by the Registrar or the committee approving the licence. **RHPA, section 41(1)**
3. A practising licence ceases to be valid if:
 - 3.1. it is suspended or revoked;
 - 3.2. the registrant's registration is revoked;
 - 3.3. there are conditions or restrictions placed on the registrant through agreement or as the result of a decision under a regulatory process under the RHPA; or
 - 3.4. the licence is surrendered in accordance with the Regulations. **RHPA, section 41(2)**

Practising Licence – Renewal

4. In addition to paying the applicable fee and any penalties incurred for late application, a registrant applying to renew a practising licence shall submit a completed application in a form approved by the Registrar together with:
 - 4.1. proof satisfactory to the Registrar that the registrant continues to meet the applicable criteria set out in the Licensing Application Requirements for all Registrants of the Regulator Policy; and

- 4.2. where the registrant has practised outside the Province in the previous year, proof satisfactory to the Registrar that the registrant has no outstanding complaints, prohibitions, conditions or restrictions that would preclude the issuing of a practising licence in the Province. **RHPA, section 42**
5. A registrant applying for renewal of a practising licence shall submit an application for renewal, together with all applicable fees and necessary documents on or before the last day of February annually.

Proof Practising Registration Criteria is Satisfied

6. If, for any reason, a registrant applying for a practising licence or renewal of a practising licence did not submit proof at the time of registration with the Regulator that they met criteria equivalent to the criteria set out at Section 10 of the Paramedicine Regulations, a registration and licensing decision maker may request the registrant submit proof that they meet the outstanding criteria.

Conditional Licence – Expiry

7. Subject to clause 8 of this policy, a conditional licence remains in effect until the end of the licensing year in which it is issued or such earlier expiry date specified on the conditional licence by the Registrar or the committee issuing the licence. **RHPA, section 45(1)**
8. A conditional licence ceases to be valid if:
 - 8.1.1. the licence is suspended or revoked;
 - 8.1.2. the registrant's registration is revoked;
 - 8.1.3. the registrant fails to comply with the conditions or restrictions on the registrant's licence;
 - 8.1.4. the licence is changed through the imposition of different conditions or restrictions; or
 - 8.1.5. the licence is surrendered in accordance with the Regulations. **RHPA, section 45(2)**

Conditional Licence - Renewal

9. In addition to paying the applicable fee and any penalties incurred for late application, a registrant applying to renew a conditional licence shall submit a completed application on a form approved by the registrar together with:

- 9.1.1. proof satisfactory to the registrar that the registrant continues to meet the applicable criteria set out in the Licensing Application Requirements for all Registrants of the Regulator Policy; and
 - 9.1.2. where the registrant practised outside the Province in the previous year, proof satisfactory to the registrar respecting any outstanding complaints, prohibitions, conditions or restrictions, to enable the registrar to determine the conditions or restrictions required. **RHPA, section 46**
- 10. A registrant applying for renewal of a conditional licence shall submit an application for renewal, together with all applicable fees and necessary documents on or before March 31st of the licensing year.
 - 11. Conditions or restrictions agreed upon or ordered by a complaints committee, a professional conduct committee, a fitness-to-practise committee or a reinstatement committee may not be reviewed or appealed when a registrant applies for the renewal of the registrant's conditional licence, and the relevant committee retains jurisdiction over any conditions or restrictions imposed by it. **RHPA, section 47**
 - 12. Restrictions or conditions imposed on a conditional licence that have not expired remain in effect on any new licence issued to the registrant. **RHPA, section 48**

Proof Conditional Registration Criteria is Satisfied

- 13. If, for any reason, a registrant applying for a conditional licence or renewal of a conditional licence did not submit proof at the time of registration with the Regulator that they met criteria equivalent to the criteria set out at Section 12 of the Paramedicine Regulations and Bylaw Articles 36.1 and 36.2, a registration and licensing decision maker may request the registrant submit proof that they meet the outstanding criteria.

Licence Renewal Process

- 14. The licence renewal process is the same as that set out in clauses 4 - 7 of the Registration and Licensure Decisions of the Registrar and the Registration and Licensing Committee policy.

Failure to Renew

- 15. A registrant who does not renew their licence in accordance with this policy is not entitled to practise following the expiration of their current licence.
- 16. A registrant who seeks to renew their licence after the deadline established pursuant to this policy may be required to pay any applicable late fees established by the Board.

17. For clarity, a registrant who does not renew their licence cannot practise until or unless they receive a new licence from the Regulator.

Practising Without a Licence

18. Where the Registrar is satisfied that a registrant has engaged in practice without a valid licence, the Registrar may fine the registrant.

18.1. The fine that may be imposed by the Registrar for a registrant who has practised without a licence for a period less than one year, shall be half of the annual licensing fee for each month, or a portion thereof, the registrant practiced without a licence, but not to exceed in total double the amount of a registrant's annual licence fees. **RHPA, section 74(1); Paramedicine By-Laws, article 37.1**

19. A fine imposed on a registrant under clause 18 is not a licensing sanction against the registrant and may not be reported on a certificate of standing sent to other regulatory bodies. **RHPA, section 74(2)**

20. Where a registrant fails to pay a fine imposed under clause 18, the Registrar shall refer the matter to the Complaints Committee. **RHPA, section 74(3)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 41, 42, 45 – 48, 74

Paramedicine Regulations Sections 12

NSRoP Bylaws, article 36.1, 36.2, 37.1

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Sub-Section – Types Of Applications and Forms

Registration and Licensing 210.0 Registration and Licensing Application Requirements for All Initial Registration and Licensing Applicants

Date First Approved: 2017/12/14

Effective Date: 2017/12/14

Revision Date: 2025/05/12

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Initial Registration and Licensing Applicant” – see definitions.

“New to the Practice of Paramedicine” – see definitions.

“Registered/Licensed In Other Canadian Jurisdiction” – see definitions.

“International Applicant” – see definitions.

“Registration and Licensing Decision-Maker” – see definitions.

POLICY STATEMENT

1. This policy applies to an initial registration and licensing applicant who:
 - 1.1. has never previously registered or licenced with the Regulator, and
 - 1.2. does not meet the requirements established within a separate initial registration and licensing policy, such as the EMR or PCP Graduate, or an expedited pathway.
2. All initial registration and licensing applicants must read, understand, and recognize the requirement to comply with the information contained in the Information Guiding the Practice of Paramedicine - Applicant and Registrant Responsibilities Policy before applying.
3. When completing the initial registration and licensing application, applicants must select the type of application most appropriate for them based on one of the following situations. The applicant is:
 - 3.1. New to the Practice of Paramedicine;
 - 3.2. Registered/Licensed in another Canadian Jurisdiction;
 - 3.2.1. an individual formerly registered with Emergency Health Services Nova Scotia who did not transfer to the Regulator's register prior to March 31, 2018, is included in this type of application; or

3.3. Registered/Licensed in an International Jurisdiction.

4. Applicants must review the complete documentation requirements for their specific application type and gather all necessary documents before starting the application process.
5. While documentation requirements vary by application type, certain documents are required from all applicants.

Requirements for All Initial Registration and Licensing Applicants

6. All applicants must provide the following:
 - 6.1. an application fee (**See** Applicant and Registrant Fees, Fines, and the Regulators Payment Process Policy);
 - 6.2. the registration and licensing fee (**See** Applicant and Registrant Fees, Fines, and the Regulators Payment Process Policy);
 - 6.3. a completed electronic copy of the Initial Registration and Licensing Application based on application type;
 - 6.4. proof of legal name (**See** Documentation and Expiry Dates for Applications and Forms Policy);
 - 6.5. proof of identification (**See** Documentation and Expiry Dates for Applications and Forms Policy);
 - 6.6. proof of Canadian citizenship or legal Entitlement to live and work in Canada (**See** Documentation and Expiry Dates for Applications and Forms Policy);
 - 6.7. criminal record check with vulnerable sector check (**See** Criminal Record Check with Vulnerable Sector Check Requirements and Registration and Licensing Decision Maker Assessment Policy);
 - 6.8. proof of professional liability insurance (**See** Professional Liability Insurance Requirements for all Licensed Registrants Policy);
 - 6.9. a resume detailing the applicant's education and employment history;
 - 6.10. a verification of registration/licensing form from all regulated professions, including paramedicine, with which an applicant has ever been registered/licensed, for each jurisdiction where they last practised or are currently practising.

- 6.11. proof of English language proficiency, if applicable (See English Language Proficiency Requirements for all Initial Registration Applicants Policy);
- 6.12. proof of meeting the Regulator’s continuing-competence program, if applicable (See Continuing-Competence Program Requirements Policy);
- 6.13. Proof of meeting the Regulator’s currency of practice requirements. (See Currency of Practice Requirements for Applicants and Registrants Policy).

Requirements for New to the Practice of Paramedicine Applicants

- 7. All new to practice applicants must provide all the information required for “all applicants” described above, as well as the following:
 - 7.1. proof of graduating from a Board-approved education program, which includes any program accredited by a national accreditation body recognized by the Board, for the licence category they applied for;
 - 7.2. proof of passing a Board-approved entry-to-practice examination (See Board-Approved Entry to Practice Examination Requirements and Outcomes for All Licence Categories Policy).

Requirements for Registered/Licensed In Other Canadian Jurisdiction Applicants

- 8. All applicants from another Canadian jurisdiction must provide all the information required for “all applicants” described above.

Requirements for Registered/Licensed International Applicants

- 9. All international applicants must provide all the information required for “all applicants” described above, as well as the following:
 - 9.1. a Canadian Organization of Paramedic Regulators (COPR), paramedic equivalency assessment;
 - 9.2. completion of the Regulator’s self-assessment tool for the licence category applied for;
 - 9.3. proof of passing a Board-approved entry-to-practice examination (See Board-Approved Entry to Practice Examination Requirements and Outcomes for All Licence Categories Policy);

Additional Requirements that may be required for All Initial Registration and Licensing Applicants

10. All applicants for initial registration and licensing may be required to provide any additional information requested by the Registration and Licensing Decision-maker, including, but not limited to:
 - 10.1. an international criminal record check with vulnerable sector check (**See** Criminal Record Check with Vulnerable Sector Check Requirements and Registration and Licensing Decision Maker Assessment Policy);
 - 10.2. a competence assessment, directed by the Registration and Licensing Decision-maker (**See** Competence Assessment Requirements and Outcomes for Registration and Licensing Policy);
 - 10.3. proof of successfully completing any bridging education as directed by the Registration and Licensing Decision-Maker;
 - 10.4. proof of the applicant's capacity, competence, and character to safely and ethically practice paramedicine without conditions or restrictions (**See** Good Character Requirements and Registration and Licensing Decision Maker Assessment Policy, Competence Assessment Requirements and Outcomes for Registration and Licensing Policy);
 - 10.5. proof that the applicant has no outstanding complaints, prohibitions, conditions, agreements or restrictions from the Regulator or any other registration and licensing authority;
 - 10.6. proof of meeting any additional criteria for registration and licensing set out in the bylaws.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 211.0 Licensing Application Requirements for all Registrants of the Regulator

Effective Date: 2019/09/20

Approved By: Board

DEFINITIONS

“Registrant Applicant” – see definitions.

“Licence Renewal Applicant” – see definitions.

“Expired Licence Applicant” – see definitions.

“Change Of Licence Category Applicant” – see definitions.

“Licensee” – see definitions.

“Registrant” – see definitions.

“Registration and Licensing Decision-Maker” – see definitions.

POLICY STATEMENT

1. This policy applies to any Registrant of the Regulator applying for a licence or a change of licence category.
2. All Registrant applicants must read, understand, and recognize the requirement to comply with the information contained in the Information Guiding the Practice of Paramedicine – Applicant and Registrant Responsibilities Policy before applying.
3. Registrant Applicants will have access to the Change of Licence Category Form and the Registrant Licensing Application.

Change of Licence Category Applicants

4. The Change of Licence Category Form will be used by those registrants who hold a category of licence with the Regulator and are requesting a change in their licence category because the registrant:

- 4.1. completed and passed another Board-approved education program; and
- 4.2. passed the Board-approved entry-to-practice examination for the licence category they are seeking.

Requirements for Change in Category of Licence Applications

5. All changes in the category of licence applicants must provide the following:
 - 5.1. a completed change in licence category form;
 - 5.2. the fee associated with the change in licence category form (**See** Applicant and Registrant Fees, Fines, and the Regulators Payment Process Policy);
 - 5.3. where not previously provided, proof of graduating from a Board-approved education program, which includes any program accredited by a national accreditation body recognized by the Board, for the licence category they applied for;
 - 5.4. proof of passing a Board-approved entry-to-practice examination (**See** Board-Approved Entry to Practice Examination Requirements and Outcomes for All Licence Categories Policy); and
 - 5.5. where not previously provided, proof of professional liability insurance. (**See** Professional Liability Insurance Requirements for All Licensed Registrants Policy)

Registrant Licensing Applicants

6. The Registrant Licensing Application Form will be used by those registrants who are applying for any licence, other than a change in licence category.
7. When completing a Registrant Licensing Application Form, the registrant must select the most appropriate application type based on one of the following situations. The applicant is:
 - 7.1. a licence renewal applicant; or
 - 7.2. an expired licence applicant.
8. Applicants must review the complete documentation requirements for their specific application type and gather all necessary documents before starting the application process.

9. While documentation requirements vary by application type, certain documents are required from all applicants.

Requirements for All Registrant Licensing Applications

10. All licensees, other than those applying for a change in licence category, must provide the following:
 - 10.1. the fees applicable to their application (See Applicant and Registrant Fees, Fines, and the Regulators Payment Process Policy);
 - 10.2. a completed electronic copy of the application form according to clause 7 of this policy;
 - 10.3. proof of professional liability insurance (See Professional Liability Insurance Requirements for All Licensed Registrants Policy);
 - 10.4. proof of meeting the Regulator’s continuing-competence program (See Continuing-Competence Program Requirements Policy); and
 - 10.5. proof of meeting the Regulator’s currency of practice requirements (See Currency of Practice Requirements for Applicants and Registrants Policy).

Requirements for All Expired Licence Applicants

11. All registrants whose licences have expired must provide all the information required for “All Registrant Licensing Applicants” described above, as well as the following:
 - 11.1. criminal record check with vulnerable sector check (See Criminal Record Check with Vulnerable Sector Check Requirements and Registration and Licensing Decision Maker Assessment Policy); and
 - 11.2. resume.

Additional Requirements that may be required for All Registrant Licensing Applicants

12. All registrant applicants for licensing may be required to provide any additional information requested by the Registration and Licensing Decision-maker, including, but not limited to:
 - 12.1. proof of Canadian citizenship or legal entitlement to live and work in Canada (See Documentation and Expiry Dates for Applications and Forms Policy);

- 12.2. a verification of registration/licensing form from all regulated professions, including paramedicine, with which an applicant has ever been registered/licensed, for each jurisdiction where they last practised or are currently practising;
- 12.3. an international criminal record check with vulnerable sector check (See Criminal Record Check with Vulnerable Sector Check Requirements and Registration and Licensing Decision Maker Assessment Policy);
- 12.4. a competence assessment, or any other information, directed by the registration and licensing decision-maker (See Competence Assessment Requirements and Outcomes for Registration and Licensing Policy);
- 12.5. proof of successfully completing any bridging education as directed by the registration and licensing decision-maker;
- 12.6. proof of the applicant's capacity, competence and character to safely and ethically practice paramedicine without conditions or restrictions (See Good Character Requirements and Registration and Licensing Decision Maker Assessment Policy, Competence Assessment Requirements and Outcomes for Registration or Licensing Policy);
- 12.7. proof that the applicant has no outstanding complaints, prohibitions, conditions, agreements or restrictions from the Regulator or any other registration and licensing authority; and
- 12.8. proof of meeting any additional criteria for registration and licensing set out in the bylaws.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 212.0 Conditional Licensing of EMR and PCP Graduates without Entry to Practice Examination Criteria

Date First Approved: 2022/01/29

Effective Date: 2022/01/29

Revision Date: 2025/05/12

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“EMR exam” – See definitions.

“EMR graduate” – See definitions.

“Indirect supervision” – See definitions.

“PCP exam” – See definitions.

“PCP graduate” – See definitions.

POLICY STATEMENT

1. EMR graduates and PCP graduates who have been issued a licence under the Conditional Register may engage in practice under indirect supervision prior to passing the EMR exam or PCP exam, as applicable, but only for such period and under such conditions as set out in their licence.
2. A registration and licensing decision-maker may issue conditional registration and a conditional licence to an EMR graduate or PCP graduate who meets the applicable criteria set out in the Registration and Licensing Application Requirements for All Initial Registration and Licensing Applicants Policy, as well as the content of this Policy.
3. In addition to the applicable criteria set out in the *Regulated Health Professions Act (RHPA)*, *RHPA* General Regulations, *RHPA* Paramedicine Regulations and Regulators Bylaws, an EMR graduate or PCP graduate must provide the Regulator with written confirmation of their intent to write the first scheduled EMR exam or PCP Exam, as applicable, following graduation from their EMR or PCP program.
4. For clarity, an EMR graduate or PCP graduate must have professional liability insurance or another form of malpractice coverage or liability protection in the form and amount set by the Board.

5. Any conditional licence held by an EMR graduate or PCP graduate under this policy shall expire and cease to be valid on the earliest of the following:
 - 5.1. the applicant successfully passing the EMR exam or PCP Exam, as applicable, and successfully being issued an EMR practising licence or PCP practising licence;
 - 5.2. the applicant successfully passing the EMR exam or PCP exam, as applicable and failing to obtain a practising licence within 5 business days of passing the applicable exam;
 - 5.3. the applicant failing to complete the first scheduled writing of the EMR exam or PCP exam following graduation from their EMR or PCP program;
 - 5.4. the applicant failing the first writing of the EMR exam or PCP exam, as applicable, and failing to provide proof to the Registrar within five (5) calendar days that they have applied to write one of the next two available sittings of the applicable exam;
 - 5.5. the applicant failing the second writing of the EMR exam or PCP exam, as applicable, and failing to provide proof to the Registrar within five (5) calendar days that they have applied to write one of the next two available sittings of the applicable exam;
 - 5.6. within 24 hours of the applicant receiving notice of failure of the third writing of the EMR exam or PCP exam, as applicable;
 - 5.7. for an applicant who completed:
 - 5.7.1. an EMR program they have up to one (1) year from the date they passed the EMR program to pass the EMR exam;
 - 5.7.2. a PCP program they have up to two (2) years from the date they passed the PCP program to pass the PCP exam.
6. For clarity, if the holder of an EMR or PCP conditional licence under this policy fails the EMR exam or PCP exam, as applicable, three times, that person is not eligible to apply for or to continue to hold an EMR or PCP conditional licence.
7. EMR graduates and PCP graduates holding conditional licenses under this policy, at minimum, shall be subject to the following conditions:
 - 7.1. the registrant shall only practice under indirect supervision;
 - 7.2. within five (5) days of being notified that they have failed the EMR exam or PCP exam, the registrant shall provide proof satisfactory to the Regulator of their intention to re-write the applicable examination within the next two available sittings;

- 7.3. the registrant shall provide immediate notification in writing to their employer and the Registrar upon receiving notice of failing either the EMR exam or PCP exam;
- 7.4. the registrant shall provide immediate notification to the Registrar in writing of the successful passing of the EMR exam or PCP exam and shall immediately initiate an application for an EMR practising licence or PCP practising licence.
8. An EMR graduate issued a conditional licence under this policy and pending passing of the EMR exam may call themselves a graduate emergency medical responder and use the abbreviation Graduate EMR as described in section 16(2) of the Paramedicine Regulations.
9. A PCP graduate issued a conditional licence under this policy and pending passing of the PCP exam may call themselves a graduate primary care paramedic and use the abbreviation Graduate PCP as described in section 17(1) of the Paramedicine Regulations.
10. Failure of a registrant to comply with this policy may result in the initiation of a complaint.

RELATED DOCUMENTS

Paramedicine Regulations Sections 16(2), 17(1)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 213.0 Conditional Licensing of PCP or ACP International
Applicants Eligible for Expedited Pathway to Registration and Licensing

Date First Approved: 2024/01/11 **Effective Date:** 2024/01/11

Revision Date: 2025/05/12

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

“Expedited Pathway” – see definitions.

“Indirect Supervision” – see definitions.

POLICY STATEMENT

1. The Board may approve an Expedited Pathway for applicants from an international jurisdiction when sufficient information demonstrates to the Board’s satisfaction that there are no substantial differences between the Regulator’s regulatory requirements and the regulatory requirements of the international jurisdiction.
2. Information the Board may consider in approving an Expedited Pathway includes, but is not limited to, regulatory systems and principles, registration and licensure requirements, competencies, scope of practice, education curricula and accreditation standards.
3. The international jurisdictions from which applicants are eligible for an Expedited Pathway include:
 - 3.1. For the ACP licencing category;
 - 3.1.1. Australia, and
 - 3.1.2. New Zealand.
 - 3.2. For the PCP licencing category;
 - 3.2.1. The United Kingdom, and
 - 3.2.2. South Africa.
4. An applicant will have any practice limitation, restriction, or condition imposed by their current jurisdiction assessed for equivalency by the Regulator and have an equivalent practice limitation, restriction or condition applied to their registration and/or licensure by the Regulator.

- 4.1. An applicant will be refused registration and/or licensure if the Regulator cannot identify a provision for applying an equivalent limitation, restriction, or condition.
5. An international applicant who has been issued a conditional licence by the Regulator in accordance with this policy may engage in the practice in Nova Scotia under Indirect Supervision prior to passing the Entry to Practice Examination for the licensing category they seek, but only for such period of time and under such conditions as may be determined by the Regulator, as well as those set out in this policy.
6. In addition to any other applicable registration and licensing criteria set out in the *Regulated Health Professions Act (RHPA)*, *RHPA General Regulations*, *RHPA Paramedicine Regulations* and the Regulators Bylaws, an applicant for an Expedited Pathway must:
 - 6.1. provide proof satisfactory to the Regulator that the applicant is authorized to practise in an international jurisdiction that the Board recognizes for an Expedited Pathway;
 - 6.2. completes a self-assessment against the Regulator's Competency Framework for the licensing category the applicant is seeking for the purpose of determining the applicant's competencies;
 - 6.3. provide the Regulator with a letter of their intent to:
 - 6.3.1. apply for the Bridging Education for the licensing category they seek within six (6) months of licensing with NSRoP;
 - 6.3.2. complete the necessary Bridging Education for the licensing category they seek within eighteen months of licensing with the Regulator;
 - 6.3.3. write the first available Entry to Practice Examination for the licensing category they seek, administered by the Canadian Organization of Paramedic Regulators and approved by the Board upon completing the Bridging Education described above.
7. Where an applicant meets the criteria in clause 6, the Registrar shall register the applicant and issue a conditional licence for the category of licence they seek to the applicant for such period of time as set out in clause 8.
8. The conditional licence shall expire and cease to be valid on the earliest of any of the following:
 - 8.1. the expiration date stated on the licence, if applicable;

- 8.2. the date the applicant successfully passes the Entry to Practice Examination for the category of licence they seek, and is issued another form of licence by the Regulator;
 - 8.3. the applicant failing to complete the Bridging Education for the category of licence they seek within eighteen months of licensing with the Regulator;
 - 8.4. five (5) calendar days after the applicant fails the first writing of the Entry to Practice Examination for the category of licence they seek, unless the applicant provides proof satisfactory to the Registrar that they have applied to write the next available sitting of the exam;
 - 8.5. five (5) calendar days after the applicant fails the second writing of the Entry to Practice Examination for the category of licence they seek, unless the applicant provides proof satisfactory to the Registrar that they have applied to write the next available sitting of the exam;
 - 8.6. immediately upon the applicant receiving notice of failure of the third writing of the Entry to Practice Examination for the category of licence they seek;
 - 8.7. the date the registrant surrenders their licence in accordance with the RHPA; or
 - 8.8. one year from the date the applicant passed the Bridging Education for the category of licence they seek without successful passing the Entry to Practice Examination for the category of licence they seek.
9. For clarity, if a registrant with a conditional licence fails the Entry to Practice Examination for the category of licence they seek three times and is provided with a further opportunity to write the exam, that person is not eligible to practise or to apply for or to hold a conditional licence while waiting to write the exam for the fourth attempt.
 10. The Registrar may extend the term of a conditional licence were determined appropriate in the Registrar's discretion, as long as the registrant continues to satisfy the applicable registration and licensing criteria and the requirements of this policy.
 11. The conditional licence shall include the following conditions and restrictions:
 - 11.1. the registrant must not practise until the Regulator confirms in writing that the registrant is eligible to work in Canada;
 - 11.2. the registrant must not practise until the Regulator confirms in writing that the registrant has obtained acceptable professional liability insurance;
 - 11.3. the registrant must not perform any aspect of paramedicine practice for which they are not individually competent. These aspects will be identified by the Regulator

with reference to the Competency Framework for the registrant's licence category and the registrant's self-assessment at the time of initial licensure;

- 11.4. the registrant may only practise under Indirect Supervision as defined within the Registration and Licensing Policies.
 - 11.5. the registrant must provide the Regulator with proof of enrolment in the Bridging Education for the licence category they seek within six (6) months of licensing with the Regulator;
 - 11.6. the registrant must provide immediate notification in writing to their employer and the Registrar in the event they fail to complete the Bridging Education for the licence category they seek within eighteen (18) months of licensing with the Regulator;
 - 11.7. the registrant, where applicable, must provide the Regulator with proof of registration for the next writing of the Entry to Practice Examination for the licence category they seek as set out in clause 8.4 or 8.5 of this policy within five (5) calendar days of receiving notice of the failure of the writing of the previous offering of the exam;
 - 11.8. the registrant must provide immediate notification in writing to their employer and the Registrar of any failure of the exam; and
 - 11.9. within ten (10) days of receiving notification of successful completion of the Entry to Practice Examination for the licence category they seek, the registrant must notify the Registrar and initiate an application for a new licence category.
12. In the event the conditional licence expires, and the registrant continues to practice, the registrant will be subject to fines and/or the initiation of a complaint.
13. Failure of a registrant to comply with this policy may result in the initiation of a Registrar's complaint.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Sub-Section – Documentation Requirements for Applications and Forms

Registration and Licensing 220.0 Documentation and Expiry Dates for Applications and Forms

Date First Approved: 2018/02/26 **Effective Date:** 2018/02/26

Revision Date: 2025/05/12

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. This policy applies to any application made, or form submitted by an individual to the Regulator.
2. Only official documents are accepted during registration, licensing, licence renewal processes and the submission of other forms.
3. Any costs associated with obtaining and providing official documentation to the Regulator, or for the Regulator to release, or provide, information to a third party on behalf of an applicant or registrant, are that individual's responsibility.
4. Official documentation required from the applicant during any application process may include but is not limited to;
 - 4.1. proof of the individual's legal name and identity:
 - 4.1.1. documents that will serve as satisfactory proof of an individual's legal name include:
 - 4.1.1.1. a government issued birth certificate;
 - 4.1.1.2. a government issued marriage licence;
 - 4.1.1.3. a government issued passport;
 - 4.1.1.4. an affidavit;
 - 4.1.2. documents that will serve a satisfactory proof of an individual's identity include:
 - 4.1.2.1. a government issued passport;

- 4.1.2.2. a government issued driver's license;
 - 4.1.2.3. a government issued photo identification;
 - 4.1.3. all registrants, or applicants engaged in an application process whose legal name, or proof of identity, changes for any reason must:
 - 4.1.3.1. immediately notify the Regulator, and
 - 4.1.3.2. provide the Regulator with up-to-date proof of their legal name or identity;
- 4.2. proof of Canadian citizenship or legal entitlement to live and work in Canada, which may include;
 - 4.2.1. Birth certificate issued by a Canadian provincial or territorial government;
 - 4.2.2. Valid Canadian passport;
 - 4.2.3. Canadian citizenship certificate; or
 - 4.2.4. Permanent residence card.
- 4.3. Criminal Record with Vulnerable Sector Check from the police force or agency that conducted the Criminal Record with Vulnerable Sector Check, which are valid for a period of three months from the date of issue;
- 4.4. resume or CV;
- 4.5. proof of professional liability insurance;
- 4.6. official diploma and/or transcript from an educational institution where the applicant attended their program of study;
- 4.7. entry to practice examination results.
- 5. Documentation that must be received from the source via sealed envelope, or electronic means, acceptable to the Regulator includes the following:
 - 5.1. Verification of Registration (VoR) forms from regulatory bodies, which are valid for a period of three months from date of issue;
 - 5.2. Employment status from the individual's current or former employer, which must include confirmation of the applicant's;

- 5.2.1. category of licence, in comparison to the Regulator's Categories of licence;
 - 5.2.2. number of years employed in their current category of licence;
 - 5.2.3. confirmation of completion of any continuing competence development;
 - 5.2.4. employment history or reference letters confirming the applicant's professional conduct, competence, fitness to practise, professional ethics, and character, as understood by the employer.
- 5.3. English Language Proficiency Test scores from the organization administering the test.
- 6. Documents not provided in English and requiring translation must be translated by a certified translator, approved by the Regulator, and submitted directly to the Regulator by that translator, at the applicant's cost.
 - 7. The Regulator staff may contact any individual or organization providing documentation to an applicant or to the Regulator for the purpose of confirming the authenticity and the validity of the information contained within the documentation.
 - 8. Where documents cannot be obtained by an applicant, for reasons beyond the applicant's control, the applicant may be advised of which alternative information may be acceptable, e.g., a notarized affidavit.
 - 9. Except as set out in policy, or otherwise required by law, documents referenced in this policy will not be released to an applicant, a Registrant or any third party.
 - 10. An applicant who provides the Regulator with inaccurate, false, or misleading information, omits relevant information, or submits any documents during any application or renewal process that have been altered, tampered with or forged, may have their application denied and/or become subject to a complaint.
 - 10.1. This expectation applies to all information/documents received during an application process, including communications from the applicant.
 - 11. Expired application documents will result in the applicant's file being placed on hold until updated documents have been received by the Regulator.
 - 12. Initial Registration and Licensing Application Forms for New to the Practice of Paramedicine and Registered/Licensed in Other Canadian Jurisdiction Applicants are valid for six months from the date of receipt.
 - 13. Initial Registration and Licensing Application Forms for International Applicants are valid for two years from the date of receipt.

14. English Language Proficiency Testing scores are valid for the period of time during which the testing organization does not recommend retesting.
15. An applicant is expected to track the expiry dates associated with the documentation they submit with their application and to provide updated documents to the Regulator when applicable. This includes providing updated Criminal Record Check and Vulnerable Sector Checks after expiration.
16. Any document that changes during an application process must be updated including but not limited to proof of legal name (i.e. birth certificate, marriage licence, legal affidavit) and photo identification (i.e. passport, driver's licence, government issued photo ID).
17. When an application expires, the applicant's file will be closed and retained for one year from the original application date, at which time, the application and all supporting documentation may be destroyed by the Regulator.
18. An applicant may close an application at any time upon their request. When an applicant closes their file, it will be retained for one year from the original application date, at which time the application and all supporting documentation may be destroyed by the Regulator, if no decision has been rendered by the Regulator.
19. Documentation received by the Regulator for an individual who has not submitted an application may be destroyed upon receipt.
20. If a decision has been rendered by the Regulator, that decision and the supporting documentation will be retained on file for future regulatory processes.
21. When an application expires or an applicant closes their application, and they wish to reapply at a later date, they must complete a new application and pay the associated fees.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 221.0 Board-Approved Entry to Practice Examination
Requirements and Outcomes for All Licence Categories

Date First Approved:	2017/12/14	Effective Date:	2017/12/14
Revision Date:	2025/05/12		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Canadian Organization of Paramedic Regulators” – see definitions.

“Entry to Practice Examination” – see definitions.

POLICY STATEMENT

1. All new to practice applicants seeking registration and licensing as an EMR, PCP, ACP, or CCP must pass a Board-approved Entry to Practice Examination.
2. The examination required for registration and licensing as an emergency medical responder is the entry to practice examination for emergency medical responders administered by the Canadian Organization of Paramedic Regulators and approved by the Board. **Paramedicine By-Laws, article 31.1**
3. The examination required for registration and licensing as a primary care paramedic is the entry to practice examination for primary care paramedics administered by the Canadian Organization of Paramedic Regulators and approved by the Board. **Paramedicine By-Laws, article 31.2**
4. The examination required for registration and licensing as an advanced care paramedic is the entry to practice examination for advanced care paramedics administered by the Canadian Organization of Paramedic Regulators and approved by the Board. **Paramedicine By-Laws, article 31.3**
5. The examinations required for registration and licensing as a Critical Care Paramedic are the entry to practice examinations for critical care paramedics administered by the Nova Scotia Health Learning Institute for Health Care Providers and approved by the Board. **Paramedicine By-Laws, article 31.4**
6. All new applicants who have completed an entry to practice exam in another Canadian jurisdiction, where a Board-approved examination is not administered, must be registered, licensed, and practising in that jurisdiction or they will be required to complete a competency assessment and potentially bridging education. (See Competence Assessment Requirements and Outcomes for Registration and Licensing Policy) **CFTA, article 705(4)(b)**

7. Applicants writing an Entry to Practice Examination will:
 - 7.1. comply with the testing organizations' examination policies and/or processes;
 - 7.2. be afforded a maximum of three attempts to pass the exam; and
 - 7.3. if they completed:
 - 7.3.1. an EMR program, have up to one (1) year from the date they passed the EMR program to pass the EMR exam.
 - 7.3.2. a PCP or ACP program, have up to two (2) years from the date they passed the PCP program to pass the PCP exam.
 - 7.3.3. a CCP program, be required to pass the Nova Scotia Health Learning Institute for Health Care Providers CCP examinations before completing the program.
8. If an applicant has not completed an Entry to Practice Examination for the licence category, they are seeking within the time period described in clause 7 and they request additional time to complete the Examination, the Registrar may refer the application to the Registration and Licensing Committee for their consideration.
9. Under exceptional circumstances, an applicant may be approved to write a fourth and absolute final attempt at passing an Entry to Practice Examination.
10. All applicants who apply for a fourth attempt at an Entry to Practice Examination because of exceptional circumstances will:
 - 10.1. be required to provide documentation from a duly qualified professional to support the request for a fourth attempt. Examples of this type of documentation include written reports from health care providers, psychoeducational assessments, etc;
 - 10.2. not receive any additional attempts at passing the Entry to Practice Examination if a fourth attempt is approved;
 - 10.3. comply with the testing organizations testing accommodation policies and/or processes; and
 - 10.4. complete any additional training, including competency assessments or bridging education, directed by the Registration and Licensing Decision-maker.

RELATED DOCUMENTS

NSRoP By-Laws, article 31, 34.1(b)

Canadian Free Trade Agreement, article 705(4)(b)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 222.0 Competence Assessment Requirements and Outcomes for Registration or Licensing

Date First Approved: 2025/05/12 **Effective Date:** 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

“Bridging education” – see definitions.

“Competence” – see definitions.

“Competence assessment” – see definitions.

“Registration and Licensing Decision-Maker” – see definitions.

POLICY STATEMENT

1. A registration and licensing decision maker may require that an applicant for registration, licensure, or renewal complete a competence assessment. **RHPA, sections 35(2), 37(2)(b), 42 and 46; Paramedicine Regulations, sections 10(1)(b)(iii), 11(1)(b)(i), 12(1)(b)(i), 13(1)(a)(ii)(A)**
2. A competence assessment, as determined by the registration and licensing decision maker, may include one or more of the following:
 - 2.1. a self-assessment;
 - 2.2. a written or oral test or examination;
 - 2.3. a case study;
 - 2.4. an audit;
 - 2.5. a practice review;
 - 2.6. a live demonstration of competencies;
 - 2.7. an interview with the applicant;
 - 2.8. a practice observation;

- 2.9. a reflective practice; or
- 2.10. such other method of assessment, the registration and licensing decision maker determines.
- 3. A registration and licensing decision-maker will direct an applicant to complete a competence assessment when information demonstrates the applicant may not be competent to safely and ethically practice.

Applicants completing Non-Board Approved Entry to Practice Exams and with No Practice Experience

- 4. An Initial Registration and Licensing applicant who has not successfully completed an entry-to-practice examination approved by the Board and who has not practiced in another Canadian jurisdiction may be requested by the registration and licensing decision-maker to undergo a competence assessment and bridging education to ensure that the applicant is competent to safely and ethically engage in the practice of paramedicine in Nova Scotia.
CFTA, 705(4)(b)

Requirements and Outcomes Following a Competence Assessment

- 5. Following completion of a competence assessment, an applicant shall provide proof to the relevant registration and licensing decision maker of such completion.
 - 5.1. The registration and licensing decision maker shall consider the competence assessment results when rendering a decision.
- 6. Subject to the results of the competence assessment, the registration and licensing decision maker may require the applicant to complete bridging education. **RHPA, sections 35(2) and 37(2); Paramedicine Regulations, sections 10(1)(b)(iv), 11(1)(b)(i), 12(1)(b)(i), 13(1)(a)(ii)(A)**
- 7. An applicant shall provide proof of completing and passing the bridging education to the relevant registration and licensing decision-maker.
 - 7.1. The registration and licensing decision-maker shall consider the results of the bridging education when rendering a decision.

RELATED DOCUMENTS

Regulated Health Professions Act, sections 35, 37, 42 and 46

Paramedics Regulations, sections 10 – 13.

Canadian Free Trade Agreement, article 705(4)(d)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

January 29, 2022 - Updates per motion by Council Session 32

Registration and Licensing 223.0 English Language Proficiency Requirements for All Initial Registration Applicants

Date First Approved: 2025/05/12 **Effective Date:** 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. All registrants must effectively communicate with clients, other professionals and the Regulator, both verbally and in writing, in English.
2. This policy applies to all applicants whose first language is not English.
3. All initial registration applicants must demonstrate proficiency in English in the manner prescribed by the Registrar. **Paramedicine Regulation 10(1)(b)(v)**
4. Applicants will not be approved for registration or referred for any competence assessment process without providing proof of English language proficiency.
5. Applicants are responsible for all costs associated with language proficiency testing.

Proof of English Language Proficiency

6. Proof of English language proficiency will be demonstrated when the Regulator receives documentation confirming one of the following:
 - 6.1. the applicant met the English language proficiency testing requirements of this policy before graduating from a paramedicine program delivered entirely in English;
 - 6.2. the applicant from another Canadian jurisdiction:
 - 6.2.1. met the English language proficiency testing requirements before obtaining a paramedicine licence in that jurisdiction, or
 - 6.2.2. provides a letter from the Registration and Licensing Decision-maker of that jurisdiction, attesting that the applicant's proficiency in English enables safe and effective written and verbal communication in English with clients. **CFTA Article 705(4)(c);**

- 6.3. the applicant meets the English language proficiency testing requirements outlined in this policy, and the Regulator receives valid testing results that align with the timeframe specified in the Documentation and Expiry Dates for Applications and Forms Policy.

English Language Proficiency Testing Requirements

7. The language proficiency tests accepted by the Regulator, as well as the minimum benchmark scores that must be achieved, are:
 - 7.1. International English Language Testing System (IELTS),
 - 7.1.1. Reading 7, Writing 7, Listening 7, Speaking 7, Overall, of 7;
 - 7.2. Testing of English as a Foreign Language (TOEFL) iBT,
 - 7.2.1. Reading 22, Writing 20, Listening 24, Speaking 24, Overall, of 90;
 - 7.3. Canadian Academic English Language Test (CAEL),
 - 7.3.1. Reading 70, Writing 70, Listening 80, Speaking 70, Overall, of 70;
 - 7.4. Canadian Language Benchmark (CLB),
 - 7.4.1. Reading 8, Writing 8, Listening 9, Speaking 8, Overall, of 8.
8. All four domains of listening, speaking, reading and writing must have been assessed in a single testing session.
9. The Regulator will not accept the “overall score” alone for any language proficiency test.
10. Language proficiency testing results must be sent directly to the Regulator from the testing agency.
11. Language proficiency tests not listed above will not be accepted by the Regulator.

RELATED DOCUMENTS

Paramedics Regulations, sections **10(1)(b)(v)**

Canadian Free Trade Agreement, article 705(4)(c)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 224.0 Criminal Record Check with Vulnerable Sector Check
Requirements and Registration and Licensing Decision Maker Assessment

Date First Approved: 2018/11/08 **Effective Date:** 2018/11/08

Revision Date: 2025/05/12

Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. This policy applies to all applicants and registrants seeking registration and licensing with the Regulator.
2. Concerns regarding an applicant's character and/or suitability to practise may arise where the applicant:
 - 2.1. has been charged with, pleaded guilty to or been convicted of any offence in or outside Canada that is inconsistent with the proper professional behaviour of a registrant, including a conviction under:
 - 2.1.1. the Criminal Code (Canada),
 - 2.1.2. the Controlled Drugs and Substances Act (Canada), or
 - 2.1.3. such other legislation as prescribed,
 - 2.2. has been found guilty of a disciplinary finding in another jurisdiction,
 - 2.3. has had a licensing sanction imposed by another jurisdiction, or
 - 2.4. is the subject of an investigation or disciplinary process in any jurisdiction.
3. An applicant must submit a criminal record check with vulnerable sector check, and where relevant an international criminal record check when they are seeking:
 - 3.1. registration;
 - 3.2. licensing;
 - 3.3. restoration of their licence;

- 3.4. reinstatement; or
- 3.5. upon request of the Regulator.
- 4. An original criminal record check with vulnerable sector check or international criminal record check must be:
 - 4.1. paid for by the applicant;
 - 4.2. requested under all names the applicant or registrant has ever held; and
 - 4.3. issued within the previous three months.
- 5. Criminal Record Checks with Vulnerable Sector Checks may be obtained from:
 - 5.1. local police forces and/or the RCMP; or
 - 5.2. a criminal record search company, capable of conducting vulnerable sector checks, acceptable to the Regulator.
- 6. The Regulator will not issue a license until an applicant's criminal record has been assessed.
- 7. The registration and licensing decision maker shall conduct an initial review of the applicant's Criminal Record Check with Vulnerable Sector Check.
 - 7.1. If positive findings including a criminal record are identified, the applicant may be required to provide further details of the conviction, including court and legal documents.

Assessing Criminal Record Check with Vulnerable Sector Check Guidance

- 8. In rendering a decision regarding an application, the registration and licensing decision maker must consider the circumstances related to any of the situations set out in clause 2.1. Circumstances to be considered include but are not limited to:
 - 8.1. the applicant's age at the time of the incident or offence;
 - 8.2. recency of the incident or offence involving the applicant;
 - 8.3. reliability of the information;
 - 8.4. the number of incidents, or offences;

- 8.5. the severity of the incident or offence including whether the offence was an indictable, summary or hybrid offence;
- 8.6. any factors underlying the conduct (as an example of health issues);
- 8.7. evidence of rehabilitation or positive social contribution since the incident or offence;
- 8.8. the applicant's candour during the application process;
- 8.9. any omission or misrepresentation of material during the application process; and
- 8.10. the relevance of the incident or offence to the practice of paramedicine.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

Updates per motion by Council at the January 29, 2022, Session 32 meeting of Council

Registration and Licensing 225.0 Good Character Requirements and Registration and Licensing Decision Maker Assessment

Date First Approved: 2018/11/08

Effective Date: 2018/11/08

Revision Date: 2025/05/12

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

N/A

POLICY STATEMENT

1. This policy applies to all applicants and registrants seeking registration and licensing with the Regulator.
2. Paramedics and EMRs, as health care professionals, have a special relationship with members of the public rooted in mutual trust, confidence and respect that is critical to effective practice.
3. All applicants and registrants must provide proof satisfactory to the registration and licensing decision-maker that they have the character to safely and ethically engage in the practice of paramedicine.
4. An applicant must complete the Regulator's judicial questions.
5. When completing the Regulator's judicial questions, the applicant and registrant should:
 - 5.1. read the questions carefully and answer them truthfully and accurately; and
 - 5.2. contact the Regulator for clarification, if they have any questions regarding the judicial questions or how to respond to them.
6. Failure to respond to the judicial questions truthfully and accurately may result in an immediate suspension of the application process for any initial applicant or registrant renewing their license.
7. An applicant must not provide any inaccurate, false, or misleading information or omit any pertinent information.
8. Character shall be assessed on the past and present conduct of an applicant.

9. The responsibility to satisfy the registration and licensing decision maker that an applicant possesses the character to safely and ethically engage in the practice of paramedicine rests with the applicant.
10. Character assessments may focus on whether an applicant or registrant has acted, or there is reason to believe they are liable to in the future act:
 - 10.1. in such a way that puts at risk the health, safety, or well-being of the public, a client, or a colleague;
 - 10.2. in such a way that their registration or licence would undermine the integrity of the profession;
 - 10.3. in such a way that their registration or licence would undermine public confidence in the ability of the regulatory body to regulate its profession;
 - 10.4. in such a way that indicates an unwillingness to act in accordance with standards and ethical principles of the profession;
 - 10.5. in such a way that indicates an unwillingness to be governed by the Regulator; and/or
 - 10.6. in a dishonest manner.
11. Traits of an applicant or registrant who possesses the character to safely and ethically engage in the practice of paramedicine may include:
 - 11.1. trustworthiness;
 - 11.2. integrity;
 - 11.3. honesty;
 - 11.4. reliability;
 - 11.5. governability;
 - 11.6. respect for others; and
 - 11.7. refraining from discriminatory conduct.
12. Circumstances that may lead a registration and licensing decision maker to inquire about an applicant's or registrant's character may include but are not limited to:

- 12.1. charges or findings of guilt related to conduct involving dishonesty or breach of public trust;
- 12.2. academic penalties, findings or actions of any kind made by an academic institution arising from academic misconduct or unprofessional behaviour;
- 12.3. conduct that demonstrates disregard for honesty, integrity, and trustworthiness, including providing inaccurate, untruthful, or misleading information in the application for registration, licensure, or renewal;
- 12.4. behaviour which demonstrates a lack of respect for others, including conduct which demeans others based upon sex, race or colour, religious beliefs, or any prohibited ground of discrimination pursuant to the Nova Scotia Human Rights Act;
- 12.5. disciplinary findings made by a regulatory authority;
- 12.6. suspension or termination of employment;
- 12.7. denial of registration and/or licensure in another jurisdiction or in another profession.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 226.0 Professional Liability Insurance Requirements for all
Licensed Registrants

Date First Approved: 2018/02/26 **Effective Date:** 2018/02/26

Revision Date: 2025/05/12

Next Review Date: 2025/05/12 **Approved By:** Board

DEFINITIONS

“Licensee” – see definitions.

“Registration and Licensing Decision-Maker” – see definitions.

POLICY STATEMENT

1. All licensees must maintain professional liability insurance, or another form of malpractice insurance coverage or liability protection as required by the Regulator’s Board. **RHPA section 60(1)(e)**
2. Individual professional liability insurance will provide:
 - 2.1. the public with the ability to seek financial compensation in the event of damages caused by a licensed Registrant; and
 - 2.2. protect registrants from personally bearing the costs of any harm a client may suffer due to their conduct and costs associated with any regulatory or civil proceedings.
3. Licensees must hold the required professional liability insurance in the specified coverage and amount before engaging in paid or volunteer practice.
4. Licensees' professional liability insurance must, at a minimum, cover the following:
 - 4.1. an amount of \$5,000,000.00 per claim or occurrence;
 - 4.2. an aggregate limit of \$10,000,000.00, that is not associated with claims or occurrences involving more than one individual;
 - 4.3. defence costs;
 - 4.4. an extended reporting period endorsement.
5. Licensees are responsible for all costs associated with obtaining, maintaining and providing proof of professional liability insurance to the Regulator.

6. Registrants must maintain continuous individual professional liability insurance in their own name for as long as they are licensed with the Regulator.
7. Neither practice-specific nor employer liability insurance is acceptable.

Maintaining Professional Liability Insurance

8. Licensees without professional liability insurance will be in violation of the *Regulated Health Professions Act* and may be subject to the professional conduct process and/or legal action.
9. The Regulator may conduct audits to ensure Registrants possess the professional liability insurance, or other form of malpractice insurance coverage or liability protection as required by the Board.
10. During the licensing year, the licensee must ensure their professional liability insurance:
 - 10.1. covers the amount per claim or occurrence and the aggregate amount required by the Board;
 - 10.2. covers defence costs;
 - 10.3. does not expire; and
 - 10.4. has an extended reporting period endorsement.

Failure to Maintain Professional Liability Insurance while Licensed

11. If the insurance coverage dates within a licensee's insurance documents are not current, the Registrant may be notified by Regulator staff and must:
 - 11.1. immediately obtain professional liability insurance, and
 - 11.2. pay the lapse in professional liability insurance fee (See Applicant and Registrant Fee, Fines, and Regulator's Payment Process Policy).
12. If a licensee fails to upload proof of professional liability insurance, as required by this policy, within three (3) business days of being notified by the Regulator, the Regulator will:
 - 12.1. suspend the Registrant's licence, and
 - 12.2. notify the Registrant's employer of the suspension.

RELATED DOCUMENTS

Regulated Health Professions Act section(s) 60(1)(e)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 227.0		Continuing-Competence Program Requirements	
Date First Approved:	2017/11/28	Effective Date:	2017/11/28
Revision Date:	2024/11/15		
Next Review Date:	2025/04/01	Approved By:	Board

DEFINITIONS

“Continuing-competence program” – see definitions.

“Business day” – see definitions.

“Self-assessment tool” – see definitions.

POLICY STATEMENT

1. To effectively carry out the objects of the regulatory body, the regulatory body shall establish and promote continuing-competence programs. **RHPA 6(2)(a)(iii)(C)**
2. The Board is responsible for governing, controlling and administering the affairs of the Regulator and may make bylaws:
 - 2.1. setting out reporting requirements for registrants with respect to continuing-competence **RHPA 12(1)(k), Bylaw Article 32.2;**
 - 2.2. respecting a continuing-competence program for each licensing category and designation **RHPA 12(1)(n), Bylaw Article 32.1;** and
 - 2.3. determining the process for verifying a registrant’s compliance with a continuing competence program **RHPA 12(1)(p);**
 - 2.3.1. a registrant must retain documentation and records related to continuing competence program activities for at least the immediate previous four (4) years. **Bylaw Article 32.3;**
 - 2.3.2. for the purpose of verifying a registrant’s compliance with the continuing competence program, the Regulator may, at any time, conduct an audit of the documentation and records kept under Bylaw Article 32.3. **Bylaw Article 32.4**
3. An applicant for a practising licence must submit to the registrar, proof satisfactory to the registration and licensing decision-maker that the applicant meets all of the criteria, including the requirements of the continuing-competence program for the licencing category for which

they are seeking a licence, unless this criterion is waived under Section 59 of the RHPA.
Paramedicine Regulation(s) 11(1)(b)(iv)

4. All Registrants must complete the continuing-competence program as approved by the Board.
5. All educational components must reinforce, relate to and enhance the Registrant's current practice environment and competencies according to the competency framework for their category of licence.
6. The CCP must be completed annually between April 1st to March 31st of each licensing year.
7. A Registrant who is scheduled to complete any CCP sessions in the last two weeks of March must count those points toward their CCP of that licensing year.
8. Points are accumulated based upon 5 (five) learning categories each of which has corresponding learning activities, the learning categories will include: Section 1 – Self-Learning Activities, Section 2 – Group-Learning Activities, Section 3 – Clinically based Certification Courses, Section 4 – Paramedicine Simulated Competency Evaluations and Morbidity/Mortality Sessions and Section 5 – Professional Development.
9. A Registrant must accumulate the minimum number of points specified for each learning category, ensuring an overall total of 80 points for each licensing year. Points are based upon;
 - 9.1. Section 1 – Self-Learning Activities (Mandatory)- Each hour of activity is valued at 2 points per hour, and a Registrant must accumulate a minimum of 6 points under this category, but no more than 40 points may be used toward the overall 80 points required;
 - 9.2. Section 2 – Group-Learning Activities (Mandatory) - Each hour of activity is valued at 2 points, and a Registrant must accumulate a minimum of 12 points under this category. The maximum number of points permitted is unlimited;
 - 9.3. Section 3 – Clinically Based Certification Courses (Non-Mandatory) - Each hour of activity is valued at 2.5 points. A Registrant is not mandated to accumulate a minimum number of points under this category; however, the maximum number of points permitted is unlimited; and
 - 9.4. Section 4 – Paramedicine Simulated Competency Evaluations and Morbidity and Mortality Sessions (Non-Mandatory) – Both the Paramedicine Competency Evaluation and an M&M session are worth 10 points each. A Registrant is not mandated to accumulate a minimum number of points under this category; however, the maximum number of points permitted is thirty (30);

- 9.5. Section 5 – Professional Development (Non-Mandatory) - Each hour of activity is valued at 2 points. A Registrant is not mandated to accumulate a minimum number of points under this category; however, the maximum number of points permitted is forty (40).
10. The Registrant must familiarize themselves with the learning activities for each learning category of the CCP, as described in the Regulator’s Continuing Competence Program (CCP) Information Guide.
11. All learning activities must be relatable to the individual Registrant’s competency framework for their licence category.
12. For Sections 1, 2 and 5 of the CCP an individual Registrant, group or organization, must complete a self-assessment and determine whether a session, that is not already identified in the Regulators CCP Information Guide, meets the requirements of the CCP by completing a cross-reference exercise to document the competencies that the session maintains or enhances for the Registrant. To accomplish this, the individual Registrant, group or organization will:
- 12.1. refer to the competency framework for a licence category to determine which competencies are maintained or enhanced by attending the session;
 - 12.2. document the following information;
 - 12.2.1. name of the session;
 - 12.2.2. a brief description of the session;
 - 12.2.3. number of hours attended;
 - 12.2.4. points accumulated;
 - 12.2.5. how the session was delivered – e.g., online with an instructor, online recording, online interactive program where participants complete activities, teleconference, in-person session, etc;
 - 12.2.6. activities – e.g. does an attendee have to complete online interactive activities, participate in group discussions, submit assignments, or perform any activities;
 - 12.2.7. certificates – does an individual receive a certificate for the course; and
 - 12.2.8. a list of the competencies that the Registrant maintains or enhances based on the cross-reference described in the preceding paragraph;

- 12.3. consider whether to apply the session to their CCP if the Registrant recognizes that no competencies are being maintained or enhanced.
- 12.4. the Registrant will retain this documentation and, when requested by the Regulator, present it for auditing.
- 13. For Sections 3 and 4 of the CCP, if an individual Registrant, group, or organization wishes to have training or education recognized by the Board that is not currently described in these sections, they must submit a proposal for recognition;
 - 13.1. This requires the Registrant to document;
 - 13.1.1. name of the session;
 - 13.1.2. a brief description of the session;
 - 13.1.3. number of hours attended;
 - 13.1.4. points accumulated;
 - 13.1.5. how the session was delivered – e.g. online with an instructor, online recording, online interactive program where the participant completes activities, teleconference, in-person session, etc;
 - 13.1.6. activities – e.g. does an attendee have to complete online interactive activities, participate in group discussions, submit assignments, or perform any activities;
 - 13.1.7. certificates – does an individual receive a certificate for the course; and
 - 13.1.8. a list of the Competencies that are maintained or enhanced by the practitioner based upon the cross-reference described in the paragraph above;
 - 13.2. the Registrant will submit their documentation to the Board for review, via the Executive Director/Registrar;
 - 13.3. the Board will, provided sufficient information has been submitted, decide whether to allow the training/education to be applied to section 3 or 4 of the CCP:
 - 13.4. if the training/education is allowed, the Board will determine how many points may be accumulated for the training/education and direct the Executive Director/Registrar to ensure the CCP is updated to include the training/education with the point value they have allocated;
 - 13.5. if the training/education is not allowed, the Board will, through the ED/Registrar:

- 13.5.1. provide a rationale for why it was disallowed;
 - 13.5.2. direct that the training/education be applied to another section of the CCP.
14. A Registrant must retain their CCP documents for four (4) years.
15. The Board will decide annually on the number of Registrants to be randomly selected to submit their CCP documentation.
16. When requested by the ED/Registrar, a Registrant will send all CCP documentation to the Regulator no later than thirty (30) business days from the date the Regulator requests the documentation from the Registrant;
- 16.1. the Registrar will notify the Registrant that they have been selected to submit; and
 - 16.2. the Registrant will forward a complete copy of their CCP to the Regulator via means as directed by the Regulator, within 30 business days.
17. If a Registrant indicates that they do not plan to renew their license with the Regulator for the upcoming licensure year, the Registrant will not be required to submit their CCP documentation, and no other Registrant will be randomly selected from the database to replace them.
18. The Registrar will review the randomly selected Registrant's CCP against the criteria established in the CCP.
19. When the Registrant's CCP meets the criteria, the Registrant is notified accordingly.
20. The Board may choose to select mandatory topics for the CCP, which may be based upon practice consultations, current trends and/or other issues in Paramedicine;
- 20.1. registrants will be informed of the mandatory CCP topic(s) and the process for completion.
21. The registrar may consider an applicant's non-compliance with the Regulator's continuing-competency program after receiving an application for registration or licensing or for renewal of the applicant's licence, in accordance with RHPA Section 36(3).

RELATED DOCUMENTS

Regulated Health Professions Act, section(s) 6(2)(a)(iii)(C), 12(1)(k)(n)(p), 36(3)

Paramedicine Regulations, section(s) 11(1)(b)(iv)

NSRoP Bylaws, article(s) 32.1 – 32.4

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 228.0 Currency of Practice Requirements for Applicants and Registrants

Date First Approved: 2025/01/18

Effective Date: 2025/02/01

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/15

Approved By: Board

DEFINITIONS

N/A

POLICY STATEMENT

1. All applicants for licensing (including those applying for renewal), except an applicant licensed by a paramedicine regulatory authority in another Canadian jurisdiction when applying for initial registration and licensing who has not completed a Board approved entry to practice examination and has no practice experience, must meet the currency of practice requirements set out in the Nova Scotia Regulator of Paramedicine (NSRoP) Bylaws.
2. Applicants licensed by a paramedicine regulatory authority in another Canadian jurisdiction who have not completed a Board-approved entry-to-practice examination and have no practice experience must be considered for registration and licensing in accordance with the Competence Assessment Requirements and Outcomes for Registration or Licensing Policy.
3. The practice of paramedicine is not limited to engaging with clients; it also includes research, education, interprofessional collaboration, consultation, management, administration, advocacy, regulation or system development related to the activities and application of specialized and evidence-based paramedicine knowledge, skills and judgement.
4. An applicant for a licence must provide satisfactory proof to the registration and licensing decision maker that the applicant meets one or more of the currency of practice requirements. The requirements, described in greater detail in this policy, include the applicant:
 - 4.1. is currently licensed in another Canadian jurisdiction; or
 - 4.2. is a graduate from an approved paramedicine program; or
 - 4.3. engaged in a minimum number of practice hours in a specified timeframe; or
 - 4.4. completed a competence assessment and/or bridging education. **NSRoP By-Laws, article**

Currently Licensed in Another Canadian Jurisdiction

5. To meet this currency of practice requirement, the applicant must:
 - 5.1. currently hold an equivalent licence category in another Canadian jurisdiction,
 - 5.2. be practicing in that jurisdiction, and
 - 5.3. be in good standing.

Graduated From an Approved Paramedicine Program

6. To meet this currency of practice requirement, the applicant must be a graduate from an approved education program for:
 - 6.1. emergency medical responders no later than one year prior to applying to NSRoP; or
 - 6.2. primary care paramedics no later than two years prior to applying to NSRoP; or
 - 6.3. advanced care paramedics no later than two years prior to applying to NSRoP; or
 - 6.4. critical care paramedics no later than two years prior to applying to NSRoP.

Engaged In a Minimum Number of Practice Hours in A Specified Timeframe

7. To meet this currency of practice requirement, the applicant must have engaged in a minimum of:
 - 7.1. seventy-five (75) hours of practice within the previous twelve (12) licensing months (applicable to applicants or registrants who held a licence in the past twelve (12) months and are renewing from one year to the next), or
 - 7.2. two-hundred, twenty-five (225) hours of practice within the previous three (3) licensing years (applicable to applicants and registrants who did not renew from one year to the next in the past three (3) years), or
 - 7.3. three hundred, seventy-five (375) hours within the previous five (5) licensing years, with no continuous absence from practice for a period of two (2) consecutive years (applicable to applicants and registrants who did not renew from one year to the next in the past five (5) years and were not without a licence for greater than two (2) consecutive years).

8. Practice hours must involve a paid or unpaid activity where the Registrant applies specialized and evidence-based paramedicine knowledge, skills, and judgment. For the activity to qualify as practice, it must:
 - 8.1. reflect the registrant's current scope of practice (*i.e.*, EMR, PCP, ACP or CCP);
 - 8.2. must have been taught in an approved education program or comply with the competency framework, standards of practice and practice guidelines approved by the Board; and
 - 8.3. relate to a role where the Registrant utilizes and applies specialized and evidence-based paramedicine knowledge, skills, and judgment.
9. Hours obtained in a role which does not specifically require registration as a paramedic/EMR may only be used as practice hours if the activities performed by the Registrant support paramedic/EMR practice and actively involve utilizing and applying specialized and evidence-based paramedicine knowledge, skills and judgment in a way which enhances the fundamental duties of that role, and which are within the Registrant's current scope of practice.
10. Practice hours may only be accrued while the Registrant holds a current NSRoP licence.
11. Practice hours must be verifiable. A registration and licensing decision-maker may require confirmation (*i.e.*, by an employer, whether paid or volunteer).
12. The calculation of practice hours may include:
 - 12.1. hours accrued in orientation, and
 - 12.2. actual hours paid or unpaid while engaged in paramedic/EMR practice as described above.
13. One hour of overtime in paramedic/EMR practice constitutes one practice hour.
14. Hours that shall not be included in a calculation of practice hours include:
 - 14.1. vacation or any other type of leave;
 - 14.2. working as another healthcare provider (RN, Counselling Therapist, LPN, Athletic Therapist, *etc.*);
 - 14.3. non-paramedic/EMR first responder (*i.e.*, firefighter); and

14.4. paramedicine education a licensed registrant attended.

Completed a competence assessment and/or bridging education

15. To meet this currency of practice requirement, the applicant must have successfully completed a competence assessment and/or bridging education within the previous 4 years.

NSRoP By-Laws, article 34.1(d)

16. A competency assessment and/or bridging education must prepare the applicant to safely and ethically practice paramedicine for the licence category they apply for.

17. An applicant or registrant not meeting one or more of the Regulator's currency of practice requirements may be denied licensing.

RELATED DOCUMENTS

NSRoP Bylaws, article(s) 34

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

Updated to include additional details from the NSRoP Bylaws.

Sub-Section – Registration and Licensing Decision

Registration and Licensing 230.0 Registration and Licensing Decisions of the Registrar and the Registration and Licensing Committee

Date First Approved: 2022/04/29

Effective Date: 2022/04/29

Revision Date: 2025/05/12

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Completed application” – see definitions.

POLICY STATEMENT

1. A Registration and Licensing Decision-Maker will assess all registration, licensing, and renewal applications to determine if the applicant or Registrant meets the criteria for the practising or conditional register and licence as outlined in the *Regulated Health Professions Act (RHPA)*, *RHPA General Regulations*, *RHPA Paramedicine Regulations* and Nova Scotia Regulator of Paramedicine Bylaws.
2. When the applicant is an individual authorized to practise in another Canadian jurisdiction, the assessment will also consider the registration and licensing requirements under the Canadian Free Trade Agreement (CFTA), the Nova Scotia Patient Access to Care Act (PACA), and the *PACA Definition Regulations*.
3. Where the Regulator receives a completed application for registration, licensing, or renewal and that application meets the requirements for registration and a practising licence, the Regulator’s Registration and Licensing Decision-Maker will ensure registration, licensing, or renewal of that applicant’s licence occurs within five (5) business days of the Decision-Maker receiving the completed application.

Decision by the Registrar

4. The Registrar shall either:
 - 4.1. approve the application and issue the registration, licence, or renewal of licence and set the effective term if the Registrar determines that all necessary criteria are met;
 - 4.2. deny the application if the Registrar determines that all necessary criteria have not been met;
 - 4.3. limit the term of or impose conditions or restrictions on the registration or licence if the Registrar determines that the objects of the Regulator require the imposition of such limits, conditions or restrictions; or

- 4.4. refer the application to the registration and licensing committee if the Registrar determines that there is an issue regarding whether the applicant meets the criteria for registration or licensing or whether conditions or restrictions should be imposed. **RHPA, section 36(1)**
5. The Registrar shall decide the effective term of a licence issued under RHPA Section 36(2). **RHPA, section 36(2)**
6. The Registrar may consider an applicant's non-compliance with the Regulator's continuing-competence program when determining if there is a need to limit the duration of or impose conditions and restrictions on an applicant's registration, licence or renewal of licence. **RHPA, section 36(3)**
7. If the Registrar denies an application or imposes conditions or restrictions on an application, they shall notify the applicant within fourteen (14) days by providing the applicant with a written decision with reasons informing the applicant of their right to a review of the decision by the Registration and Licensing Review Committee, pursuant to the Review of Registration and Licensing Decisions by the Registration and Licensing Review Committee Policy. **RHPA, section 36(4)**
8. Where an application is referred to the Registration and Licensing Committee by the Registrar, within sixty (60) days the Registration and Licensing Committee shall review the application and such other information as the Registrar provides. **RHPA, section 37(1)**

Decision by Registration and Licensing Committee

9. When considering an application for registration, licensing or the renewal of a licence, the Registration and Licensing Committee may:
 - 9.1. Request that the Registrar obtain additional information.
 - 9.2. Require an applicant to satisfactorily complete such competence assessments and bridging education as determined by the committee.
 - 9.3. Extend the term of an applicant's existing registration or licence until it has made a decision. **RHPA, section 37(2)**
10. Where the Registration and Licensing Committee determines an applicant meets the criteria for registration or licensing, the Committee shall approve the application and direct the Registrar to, within five (5) business days of the Committee making the decision, register the applicant or issue or renew the licence and to record the name of the applicant in the appropriate register and in the record for the licensing category and designation. **RHPA, section 38(1)**

11. Where the Registration and Licensing Committee determines that an applicant does not meet the criteria for registration, licensing or renewal of a licence, the Committee shall deny the application or impose conditions or restrictions on the licence and notify the applicant by:
 - 11.1. providing the applicant with a written decision with reasons, within forty-five (45) days; and
 - 11.2. informing the applicant of the applicant's right to have the decision reviewed by the Registration and Licensing Review Committee. **RHPA, section 38(2)**
12. A Registration and Licensing Committee may direct publication or disclosure of the outcome or a summary of the outcome of the denial of a registration. Publication must not include information related to the incapacity of an applicant. **RHPA, section 39**

Waiver of criteria for registration, licensing or renewal

13. The Registration and Licensing Decision-Maker may waive any of the criteria for registration, licensing or renewal of a licence if:
 - 13.1. it is required by law; or
 - 13.2. it is consistent with the objects of the Regulator. **RHPA, section 59**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 36, 37, 38, 39, 42, 46 and 59

Paramedicine Regulations, sections 10-13

NSRoP By-Laws, articles 30 and 33

Canadian Free Trade Agreement, articles 705(3)(a), (c), (e) and (g)

Patient Access to Care Act

Patient Access to Care Act Definition Regulations

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Registration and Licensing 231.0 Review of Registration and Licensing Decisions by the
Registration and Licensing Review Committee

Date First Approved: 2022/04/29

Effective Date: 2022/04/09

Revision Date: 2025/05/12

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

N/A

POLICY STATEMENT

1. This policy applies to an applicant or registrant seeking a review of a decision made by the Registrar or Registration and Licensing Committee, where the applicant or registrant has:
 - 1.1. been refused registration;
 - 1.2. been refused a licence;
 - 1.3. been refused the renewal of a licence; or
 - 1.4. conditions or restrictions imposed on a registration or licence.
2. An applicant or registrant who had their application denied, or conditions or restrictions imposed on their licence by the Registrar, or the Registration and Licensing Committee may within 30 days of receipt of the Registrar's or Registration and Licensing Committees written reasons, provide written notice to the Registrar seeking a review of that decision by the Registration and Licensing Review Committee. **RHPA, section 50(1)**
3. An applicant or registrant requesting a review shall:
 - 3.1. stipulate the grounds for review; and
 - 3.2. pay the Registration and Licensing Review Fee described in the Applicant and Registrant Fees, Fines, and the Regulator's Payment Process Policy. **RHPA, section 50(2)**
4. The Registration and Licensing Review Fee must be refunded to the applicant if the review results in the granting of registration or the issuing of a licence. **RHPA, section 50(2)**
5. Within thirty (30) days after receipt of a request for a review, the Registrar shall provide the Registration and Licensing Review Committee and the applicant with:

- 5.1. a copy of the written decision being reviewed;
- 5.2. a copy of all records relating to the application in the possession of the regulatory body, subject to any lawful restrictions; and
- 5.3. any additional written information the Registrar considers necessary. **RHPA, section 51**
6. The parties to a review are the Regulator and the applicant. **RHPA, section 55(1)**
7. The Registration and Licensing Review Committee will initially meet no less than ninety (90) days, or as soon as practicable, from the date the Registrar received the request to review the Registration and/or Licensing decision.
8. The Registration and Licensing Review Committee may determine its own procedure in accordance with Section 52(1) of the RHPA. **RHPA, section 52(1)**
9. The Registration and Licensing Review Committee may determine whether a review is to be conducted through written submissions or whether the parties have a right of attendance before the committee for the presentation of evidence or to make submissions. **RHPA, section 52(2)**
10. Where a Registration and Licensing Review Committee determines to grant a right of attendance, the committee shall fix a reasonable time and place for the review and determine whether the right of attendance will be for submissions only or for the presentation of evidence. **RHPA, section 53**
11. The Registrar shall provide written notice of a review process that requires the applicant's attendance at least 14 days before the date set for the review. **RHPA, section 54**
12. In proceedings before a Registration and Licensing Review Committee, the parties have the right to:
 - 12.1. representation by legal counsel at their own expense;
 - 12.2. where the committee has determined to grant a right of attendance, the opportunity to present evidence, if the right of attendance is for the presentation of evidence, and make submissions; and
 - 12.3. disclosure of all relevant information and documents. **RHPA, section 55(2)**
13. The applicant is a compellable witness in a review. **RHPA, section 55(3)**

14. The Registration and Licensing Review Committee and each member of the committee have all of the powers, privileges and immunities of a commissioner appointed under the Public Inquiries Act, with the exception of the powers of contempt, arrest and imprisonment. **RHPA, section 33**
15. Where an applicant fails to attend a review, the Registration and Licensing Review Committee may proceed with the review in the applicant's absence and take any action authorized under this Act and the Regulations. **RHPA, section 57**
16. Subject to, Section 33 of the *RHPA*, evidence is not admissible at a review unless the opposing party has been given, at least 10 days before the date of the review,
 - 16.1. for written or documentary evidence, an opportunity to examine the evidence;
 - 16.2. for expert evidence, the expert's qualifications and a copy of the expert's written report or, where there is no written report, a written summary of the evidence; and
 - 16.3. the identity of any other witness and a summary of the witness's anticipated evidence. **RHPA, section 56(1)**
17. The Registration and Licensing Review Committee may allow the introduction of evidence that would be otherwise inadmissible and may make any directions it considers necessary to ensure that a party is not prejudiced by the admission of that evidence. **RHPA, section 56(2)**
18. Where evidence or submissions are presented during a review, the proceedings must be electronically recorded. **RHPA, section 55(4)**
19. Where requested by a party, the Registration and Licensing Review Committee may impose a publication ban at any time during a review, or on some or all of its decision, subject to such terms and conditions as determined by the committee. **RHPA, section 55(5)**
20. A Registration and Licensing Review Committee shall render its decision with reasons within ninety (90) days, or as soon as practicable after:
 - 20.1. the completion of an oral review; or
 - 20.2. where no oral review is held, completion of its review of the written evidence and written submissions. **RHPA, section 58(1)**

21. The Registration and Licensing Review Committee may make any decision the Registrar or the Registration and Licensing Committee could have made with respect to the application, and may:
 - 21.1. order the imposition of conditions or restrictions on the registration or licence of the applicant; and
 - 21.2. assess costs to be paid by the applicant if the application for review is denied.
RHPA, section 58(2)
22. Pursuant to section 2 of the RHPA, “costs” include:
 - 22.1. expenses incurred by a regulatory body for investigating and deciding a matter;
 - 22.2. costs of competence assessments and other assessments, audits, examinations and practice reviews conducted by a regulatory body in the course of addressing a matter;
 - 22.3. a regulatory body’s solicitor and client costs, including disbursements and goods and services tax, and including those of counsel for the regulatory body and counsel for a committee;
 - 22.4. fees for retaining a court reporter and preparing transcripts;
 - 22.5. travel costs and reasonable expenses of a witness, including an expert witness;
 - 22.6. honoraria for committee members and travel costs and reasonable expenses of committee members; and
 - 22.7. such other costs as may be prescribed. **RHPA, section 2**
23. The Registration and Licensing Review Committee may direct publication or disclosure of the outcome or a summary of the outcome of the denial of a registration. Publication must not include information related to the incapacity of an applicant. **RHPA, section 39**
24. The Registration and Licensing Review Committee may waive any of the criteria for registration, licensing or renewal of a licence if:
 - 24.1. it is required by law; or
 - 24.2. it is consistent with the objects of the Regulator. **RHPA, section 59**
25. A determination of the Registration and Licensing Review committee is final.

RELATED DOCUMENTS

Regulated Health Professions Act, Sections 2, 33, 39, 50, 52, 54-59

Paramedicine Regulations, sections 10-13

NSRoP By-Laws, articles 30 and 33

Canadian Free Trade Agreement, articles 705(3)(a), (c), (e) and (g)

Patient Access to Care Act

Patient Access to Care Act Definition Regulations

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Section 3 – Professional Conduct Policies (300 Series)

Professional Conduct 300	Professional Conduct Process		
Date First Approved:	2025/05/12	Effective Date:	2025/05/12
Revision Date:	YYYY/MM/DD		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. The Regulator will use the Professional Conduct Process to achieve its public interest mandate.
2. The Professional Conduct Process shall consist of two stages:
 - 2.1. the investigative stage, overseen by the Registrar and the Complaints Committee; and
 - 2.2. the adjudicative stage, overseen by the Professional Conduct Committee.
3. Depending on the nature of the complaint:
 - 3.1. the Registrar or the Complaints Committee may resolve it at the investigative stage; and
 - 3.2. the Complaints Committee may refer more serious matters to the Professional Conduct Committee.
4. The key duties and responsibilities of the Registrar and Complaints Committee during the investigative stage are to, in a reasonable timely manner:

- 4.1. investigate, consider, and evaluate the merit of complaints of professional misconduct, conduct unbecoming of the profession, incompetence, or incapacity regarding the conduct or actions of registrants or former registrants of the Regulator; and
- 4.2. determine the appropriate course of action with respect to complaints, in accordance with the *Regulated Health Professions Act*, the *RHPA* General Regulations, and these Policies.
5. During the investigative process, the Registrar and the Complaints Committee must act fairly, objectively, and impartially.
6. Neither the Registrar nor the Complaints Committee will make findings of fact or findings of credibility.
7. The Complaints Committee may weigh all the information it receives to determine the likelihood of establishing professional misconduct, conduct unbecoming of the profession, incompetence, or incapacity, to exercise its authority pursuant to the *RHPA*.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 301	Receipt of Complaint		
Date First Approved:	2020/01/25	Effective Date:	2020/01/25
Revision Date:	2025/05/12		
Next Review Date:	2008/05/15	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. A complaint may be initiated by:
 - 1.1. the Registrar;
 - 1.2. a committee of the Regulator; or
 - 1.3. any other person. **RHPA, section 70(1)**
2. To be accepted by the Regulator, a complaint must indicate possible professional misconduct, conduct unbecoming the profession, incompetence, or incapacity of a registrant or a former registrant of the Regulator.
3. The Regulator will accept complaints by:
 - 3.1. handwritten letter, delivered by mail or in person;
 - 3.2. digital letter submitted via email;
 - 3.3. online complaints form; or

3.4. Verbal or audio/visual communication to the Regulator, where providing a written complaint would present a barrier to the complainant.

3.4.1. If a verbal complaint is received, the Regulator's staff will ensure the complaint is documented in a written format and approved by the complainant.

4. A complaint must:

4.1. identify the name of the complainant;

4.2. provide information that reasonably identifies the respondent; and

4.3. describe the nature of the complaint.

5. A registrant is entitled to know the identity of the individual complaining against them; therefore, the Regulator will not accept an anonymous complaint.

6. Upon receipt of a complaint, the Registrar shall:

6.1. check the Register to confirm whether the registrant complained of is a registrant or former registrant;

6.2. confirm whether the complaint is within the jurisdiction of the Regulator. In order for a complaint to be within the jurisdiction of the Regulator it must relate to issues within the mandate of the Regulator and allege professional misconduct, conduct unbecoming the profession, incompetence or incapacity of a registrant or former registrant; and

6.3. review the complaint to consider whether:

6.3.1. a voluntary undertaking is needed; or

6.3.2. immediate referral to the Chair of the Complaints Committee is needed to determine whether any interim measures should be imposed in accordance with Professional Conduct Policy 305: Interim Measures.

7. The Registrar will send a copy of the complaint to the respondent. Note: the address, phone number of the complainant and names of other registrants complained against, if any, may be redacted.

8. The Registrar shall also send a cover letter to the respondent. The cover letter shall:

8.1. inform the registrant a complaint has been received;

- 8.2. request the registrant provide a written response to the complaint within 30 days (this timeframe may be abridged or extended as needed);
 - 8.3. include links to the *Regulated Health Professions Act*, the RHPA General Regulations, and these Policies;
 - 8.4. advise that the registrant has the right to be represented by legal counsel, a union representative, or another representative, at their own expense;
 - 8.5. advise the registrant that the complaint is confidential in accordance with section 136 of the *Regulated Health Professions Act*; and
 - 8.6. advise the registrant that pursuant to section 138 of the *Regulated Health Professions Act*, information gathered in the course of an investigation and documentation prepared for the purpose of the investigation are inadmissible in a legal proceeding, unless otherwise determined by a court of competent jurisdiction.
9. The Registrar will also send a letter to the complainant. The letter shall:
- 9.1. acknowledge receipt of the complaint;
 - 9.2. advise that the Regulator will provide updates respecting the status of the matter;
 - 9.3. advise the complainant that the complaint is confidential in accordance with section 136 of the *Regulated Health Professions Act*; and
 - 9.4. advise the complainant that pursuant to section 138 of the *Regulated Health Professions Act*, information gathered in the course of an investigation and documentation prepared for the purpose of the investigation are inadmissible in a legal proceeding, unless otherwise determined by a court of competent jurisdiction.
10. Where the Registrar and the complainant agree, a complaint may be withdrawn. **See** Professional Conduct Policy 304: Withdrawal of Complaint. **RHPA, section 70(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 70, 136 and 138

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 302	Dismissal of Complaint by Registrar		
Date First Approved:	2020/10/24	Effective Date:	2020/10/24
Revision Date:	2025/05/15		
Next Review Date:	2028/05/15	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Incompetence” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. The Registrar may dismiss the complaint if the Registrar decides that:
 - 1.1. the complaint is not within the jurisdiction of the Regulator;
 - 1.2. the complaint cannot be substantiated;
 - 1.3. the complaint is frivolous (one that has no merit whatsoever) or vexatious (one made with an improper purpose to harass or annoy the respondent);
 - 1.4. the complaint constitutes an abuse of process (e.g., the complaints process is being used for an improper or unintended purpose);
 - 1.5. the facts alleged, even if proven, do not constitute professional misconduct, conduct unbecoming the profession, incompetence, or incapacity, or would not merit a caution; or
 - 1.6. the processing of the complaint would not advance the objects of the Regulator. **RHPA, section 71(1), 73(1)**
2. The Registrar must issue a written decision with reasons for the dismissal of the complaint to the complainant and the respondent.
 - 2.1. The Registrar shall reference the section of the *Regulated Health Professions Act* under which the dismissal was made.
3. The Registrar must advise the complainant and the respondent that the complainant may submit a written request within 30 days of the date of receipt of the decision to the Registrar

for review of the dismissal by the Complaints Committee. **See** Professional Conduct Policy 313: Complaints Committee Review of Dismissal. **RHPA, section 77(1)**

4. Where the Registrar dismisses the complaint, the Registrar may provide written advice relevant to the complaint to:
 - 4.1. the respondent;
 - 4.2. the complainant; and
 - 4.3. a person or organization affected by the complaint. **RHPA, section 71(2), 73(2)**
5. The Registrar shall provide a copy of any written advice provided under clause 5 to the respondent. **RHPA, section 71(3), 73(3)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 71, 73 and 77.

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 303	Informal Resolution by Registrar		
Date First Approved:	2020/01/25	Effective Date:	2020/01/25
Revision Date:	2025/05/12		
Next Review Date:	2028/05/15	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. At any point in the professional conduct process prior to the matter being referred to a statutory committee, the Registrar may informally resolve a complaint if the Registrar is satisfied that the resolution is consistent with the objects of the Regulator. **RHPA, sections 71(1)(b) and 73(1)(b)**
2. The Registrar will assess the complaint using the Informal Resolution Decision-Making Tool attached as Appendix A.
3. If the assessment determines that an informal resolution is appropriate, the Registrar may discuss possible options for resolution with the respondent.
 - 3.1. A complainant’s agreement is not required in order for the Registrar to informally resolve a complaint.
4. A written informal resolution agreement shall include, at a minimum:
 - 4.1. a summary of the complaint and other relevant information obtained;
 - 4.2. the content of the agreed upon terms of the informal resolution;
 - 4.3. publication and notification requirements, if any; and
 - 4.4. confirmation of acceptance by the Registrar and the respondent.
5. In the event that the Registrar and the respondent cannot reach an agreement regarding the terms of an informal resolution agreement, the Registrar may take any other action permitted

by the *Regulated Health Professions Act*, including referring the matter to a formal investigation or the Fitness-to-Practise Process.

6. If a respondent breaches an informal resolution agreement or is otherwise unsuccessful in completing the agreement, this may be considered grounds of professional misconduct and the Registrar may take such action as is set out in the agreement or as permitted by the *Regulated Health Professions Act*, including, where appropriate, initiating a new complaint.
7. The terms of a confirmed informal resolution agreement will be monitored by the Regulator's staff to ensure completion.

RELATED DOCUMENTS

Regulated Health Professions Act, sections 71(1)(b) and 73(1)(b)

DOCUMENT HISTORY ((Date of Reviews. Revisions, etc):

N/A

Professional Conduct 303.0 Informal Resolution by Registrar “Appendix A” - Staff Informal Resolution Process

Informal Resolution Decision-Making Tool

Step 1: Review the Complaint

- Is the complaint appropriate for dismissal?
 - If so, dismiss the complaint in accordance with Professional Conduct Policy 302: Dismissal of Complaint by Registrar

Step 2: Review the Conduct

- Did the conduct involve any of the following?
 - Physical, emotional, or sexual abuse or sexual misconduct
 - Intentional acts of harm
 - Breach of trust or abuse of power or fiduciary role
 - Misconduct that contributed to serious harm or death
 - If so, the complaint may not appropriate for an informal resolution

Step 3: Consider the respondent’s circumstances

- Is the respondent an appropriate candidate for Informal Resolution? Consider the following factors:
 - Does the respondent demonstrate insight into their actions?
 - Does the respondent have a prior Professional Conduct History or a significant pattern of misconduct?
 - Do the allegations involve deception, dishonesty, or motive concealment?
 - Has the respondent demonstrated a willingness to address the issues?
 - Has the respondent been cooperative in the professional conduct process?
 - Has the respondent expressed remorse?
 - Has the respondent made admissions?
 - Is there a low likelihood of the issues reoccurring?

- Is the respondent governable?

Step 4: Review the Objects of the Regulator's Professional Conduct Process

- Is a staff Informal Resolution consistent with the objects of the Regulator? Consider whether in the circumstances an informal resolution would do the following:
 - protect the public from harm;
 - serve and promote the public interest;
 - preserve the integrity of the paramedicine profession;
 - maintain public confidence in the ability of the Regulator to regulate the paramedicine profession.

If a staff Informal Resolution is not consistent with the objects of the Regulator, the complaint is not appropriate for Informal Resolution.

Step 5: Determine the Appropriate Outcome

- If Steps 1-4 indicate that a staff Informal Resolution is appropriate, then consider proposing and attempting to negotiate the content of the agreement with the respondent. The content of the agreement may include, but is not limited to:
 - Relevant education to address deficiencies in skills and knowledge
 - Practice consultations and/or professional guidance
 - Preceptoring/mentoring/auditing
 - A plan by the respondent to prevent similar problems in the future, including reference to the relevant professional standards/code of ethics
 - Reflective essay
 - Performance feedback (e.g., performance evaluations, a report from a supervisor, etc.)
 - Treatment of relevant physical or mental health conditions (including a report from treatment providers)
 - Incorporation of an employer's action plan, if appropriate
 - Agreement to restrict practice with notification as appropriate

- Publication/notification of the complaint and/or resolution in whole or in part, as appropriate (e.g., notification to other regulators; publication of a notice on the website, etc.)

If the Registrar and the respondent agree to the proposed resolution, the Registrar shall prepare a written agreement.

Professional Conduct 304	Withdrawal of complaint		
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DEFINITIONS

“Complaint” – see definitions.

“Professional Conduct Processes” – see definitions.

POLICY STATEMENT

1. A complaint may be withdrawn if the Registrar and the complainant agree and the withdrawal is consistent with the objects of the Regulator. **RHPA, section 70(2)**
2. In the event that a complaint is withdrawn, the Registrar shall send a letter confirming the reasons for the withdrawal to the complainant and respondent.
3. If the Registrar determines that there are extenuating circumstances (e.g., serious health or safety concerns) which would be made better by the withdrawal of the complainant from the professional conduct process, but the subject matter of the complaint raises a public protection issue, the existing complaint may be withdrawn and substituted with a Registrar’s complaint.
4. In the event that the complaint is not withdrawn, the complaint will follow the established process for the processing of complaints set out in the *Regulated Health Professions Act*, the RHPA General Regulations, and these Policies.
5. The withdrawal of a complaint is not a licensing sanction.
6. Information regarding a complaint which is withdrawn will be recorded in the respondent’s Professional Conduct History. See Professional Conduct Policy 312: Professional Conduct History.

RELATED DOCUMENTS

Regulated Health Professions Act, section 70(2)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 305	Interim Measures		
Date First Approved:	2020/01/25	Effective Date:	2020/01/25
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DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

The Registrar

1. Where, upon initial review of a complaint, or at any time during an investigation, the Registrar believes:
 - 1.1. a respondent is exposing or likely to expose the public, clients, the profession or the registrant to harm or injury; and
 - 1.2. intervention is required prior to the disposition of the matter by the Complaints Committee or the Professional Conduct Committee;
 the Registrar may:
 - 1.3. attempt to negotiate a voluntary undertaking with the respondent, wherein the respondent agrees to the temporary imposition of conditions or restrictions or the temporary suspension of their licence; or
 - 1.4. immediately refer the matter to the Complaints Committee for expedited review and consideration of the imposition of interim measures.

2. In deciding whether to pursue interim measures, the Registrar may consider the following factors:
 - 2.1. the source of the information;
 - 2.2. the nature of the conduct alleged against the respondent;
 - 2.3. whether the conduct of the respondent exposes or likely exposes the public to harm or injury;
 - 2.4. whether a potential incapacity is involved;
 - 2.5. how recently the alleged conduct occurred;
 - 2.6. whether the conduct was repeated or isolated; and
 - 2.7. whether the conduct continued after the respondent was aware that they were being investigated.
3. If the Registrar determines that interim measures are in the public interest, they will consider whether to seek a voluntary undertaking, or whether the matter should be expedited to the Complaints Committee for consideration of the imposition of interim measures.

Voluntary Undertakings

4. The Registrar may consider a voluntary undertaking in circumstances where:
 - 4.1. there is time to seek the respondent's agreement;
 - 4.2. there is no indication that the respondent may not comply with the terms of a voluntary agreement; and
 - 4.3. the nature and gravity of the alleged conduct is appropriate to be addressed by a voluntary undertaking rather than the imposition of interim measures. Examples of conduct that may not be appropriate for a voluntary undertaking include sexual abuse and sexual misconduct.
5. If the Registrar determines that it is appropriate to seek a voluntary undertaking from the respondent, the Registrar:
 - 5.1. if time permits, may attempt to obtain additional information by contacting the respondent's employer or other individuals; and

- 5.2. shall determine what action is necessary to protect the public until the matter is resolved, which may include a full undertaking to refrain from practising the profession, or specific conditions or restrictions on practice that are sufficient to address the immediate concerns raised by the complaint.
6. The Registrar may initiate the voluntary undertaking process by contacting the respondent to:
 - 6.1. disclose the public protection concerns raised by the matter;
 - 6.2. explain the terms of the proposed voluntary undertaking;
 - 6.3. explain that the voluntary undertaking may remain in effect until the investigation is complete and the matter has been considered by a regulatory committee of the Regulator;
 - 6.4. explain that the Regulator does not represent the respondent's interests in the professional conduct process and that the respondent is entitled to seek legal or union advice at their own expense;
 - 6.5. explain that an undertaking is a voluntary contract with the Regulator not to engage in practice, or to abide by certain conditions or restrictions;
 - 6.6. explain that breaching the undertaking may be considered professional misconduct and may form the basis of an additional complaint;
 - 6.7. explain that the request for a voluntary undertaking is time-sensitive and provide a date by which the respondent must respond to the request (generally within one week, but the deadline may be shortened depending on the nature and gravity of the alleged conduct);
 - 6.8. explain that if the respondent chooses not to enter into the voluntary undertaking, the matter may be referred to the Complaints Committee on an expedited basis to consider the imposition of interim measures.
7. The Registrar will ensure that the content of the communication in clause 6 is noted in the file.
8. As soon as possible following the communication in clause 6, the Registrar will follow up with written correspondence to the respondent, including:
 - 8.1. a cover letter to the respondent indicating that the Regulator is seeking a voluntary undertaking and summarizing the communication in clause 6;

- 8.2. the proposed voluntary undertaking agreement;
 - 8.3. a copy of the complaint and any other relevant information which has been obtained to date (if not already in the possession of the respondent);
 - 8.4. such other information regarding the professional conduct process as is practical and appropriate (e.g., links to the *Regulated Health Professions Act*, the *RHPA* General Regulations, and these Policies).
- 9. The Registrar will diarize the return date for the signed voluntary undertaking.
 - 10. If the signed voluntary undertaking is returned by the required date, the Registrar will acknowledge receipt of the undertaking and take such other action as is required by the undertaking (e.g., notifying the respondent's employer, notifying the complainant, etc.).
 - 11. If the undertaking is not returned by the required date, and an extension has not been granted, the Registrar may immediately refer the matter to the Complaints Committee for consideration.
 - 12. If the Registrar is unable to contact the respondent within a reasonable period of time, the Registrar may immediately refer the matter to the Complaints Committee for consideration
 - 13. If the Registrar determines that a voluntary undertaking is not appropriate, but that interim measures are required, the Registrar will immediately refer the matter to the Complaints Committee for consideration.

The Complaints Committee

- 14. The Complaints Committee may set its own procedures for matters involving the exercise of its authority regarding interim measures. **RHPA, section 89(7)**
- 15. Upon receiving a referral by the Registrar to consider the imposition of interim measures regarding a respondent:
 - 15.1. the Chair of the Complaints Committee will, on an expediated basis, appoint a panel of the Committee, consisting of 2 registrants and 1 public member, to consider the matter;
 - 15.2. the Chair of the Committee will appoint a panel Chair. The panel Chair, with the assistance of the Regulator's staff, will determine a suitable date (which shall be as soon as possible) and arrange a meeting of the panel;

- 15.3. if the time required for such notice does not compromise the public interest, the Committee may provide notice to the respondent of the Committee's meeting and invite the respondent to make submissions regarding the possible imposition of interim measures; and
- 15.4. the Registrar will provide to the Complaints Committee, in advance of the meeting, the complaint and any other relevant information obtained to date (including, if applicable, the respondent's Professional Conduct History). If the respondent is invited to the Committee meeting, the respondent will be provided with the same information provided to the Committee.
16. Based on the information before it (and, if applicable, the respondent's submissions), the Complaints Committee may impose interim measures if it finds that there are reasonable and probable grounds to believe that:
- 16.1. the respondent is exposing or likely to expose the public, clients, the profession or the registrant to harm or injury; and
- 16.2. intervention is required prior to the disposition of the matter by the Complaints Committee or the Professional Conduct Committee. **RHPA, section 89(1)**
17. If the Complaints Committee finds that clauses 16.1 and 16.2 are met, the Complaints Committee may, at its discretion, pending or following the completion of an investigation:
- 17.1. suspend the respondent's licence;
- 17.2. impose restrictions or conditions on the respondent's licence; or
- 17.3. where a respondent does not hold a current licence, suspend the ability of the respondent to obtain a licence,
- until the suspension, restrictions or conditions are lifted, superseded or annulled by the Complaints Committee or the Professional Conduct Committee, as the case may be. **RHPA, section 89(1)**
18. In determining whether to impose interim measures, the Complaints Committee may consider the factors set out in clause 3, the Complaints Committee Interim Measures guidelines provided in Appendix A, and/or the advice of legal counsel.
19. If the Complaints Committee decides to impose interim measures, it will forthwith provide written notice to the respondent, with reasons for the Committee's decision. The Committee shall also determine whether any aspects of its decision should be provided to other affected individuals, other regulatory bodies in other jurisdictions, any past, present or intended employer of the respondent, and the public. **RHPA, sections 89(1) and (6)**

20. Within 30 days of receiving a copy of the Complaints Committee's decision, the respondent may submit a written request to the Registrar requesting to meet with the Committee. **RHPA, section 89(3)**
21. If such a request is received, the Complaints Committee shall ensure the respondent is provided with all of the information upon which the Complaints Committee made its decision (if not already in the respondent's possession and excluding any information subject to solicitor-client privilege or deliberative secrecy), prior to the respondent meeting with the Committee. **RHPA, section 89(5)(d)**
22. The Complaints Committee shall provide an opportunity for the respondent to meet with the Committee within 10 days of receipt of the request. **RHPA, section 89(4)(a)**
23. At the meeting, the respondent will be given a reasonable opportunity to present a response and make submissions to the Complaints Committee and may be represented by legal counsel, a union representative, or another representative, at the respondent's expense. **RHPA, sections 89(5)(a) and (c)**
24. After considering the respondent's submissions, the Complaints Committee will deliberate and shall confirm, vary, or terminate the interim measures. As soon as practical following the meeting, the Committee shall issue a further written decision with reasons, which shall be provided to the respondent and complainant. The Committee shall also determine whether any aspects of its decision should be provided to other affected individuals, other regulatory bodies in other jurisdictions, any past, present or intended employer of the respondent, and the public. **RHPA, section 89(4)(b)**
25. Where the Complaints Committee imposes interim measures, it should prioritize and expedite its investigation of the matter.

RELATED DOCUMENTS

Regulated Health Professions Act, section 89

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 305.0 Interim Measures “Appendix A” – Interim Measures for Public Protection

Interim Measures for Public Protection:

Complaints Committee Interim Measure Guidelines Based on Scott v. College of Massage Therapists of British Columbia, 2016 BCCA 180

Step 1: Is there a *prima facie* case for the allegation?

- Is there sufficient information, if believed, that reasonably establishes an immediate risk to patients, colleagues or other members of public? The Committee need not hear from the respondent.

There is a *prima facie* case.



Step 2: Is the allegation manifestly unfounded or manifestly exaggerated?

- Although the public interest is paramount, the risk of harm must be real and not speculative. Mere allegations without any evidence to substantiate them are insufficient.
- The allegation should be made or confirmed in writing. The Committee must consider the source of the allegation and its potential seriousness. An allegation that is trivial or clearly misconceived should not be given weight.
- If the allegation is in dispute, do **not** conduct a “mini-trial” to assess whether the substantive allegation is well-founded or whether the complainant’s or respondent’s version of events is preferable. The Committee does not make findings of fact, or engage in deciding the merits of the allegations – those are functions of the Profession Conduct Committee
- The final question for the Professional Conduct Committee is: "Did the registrant do it?", while the question before the Complaints Committee is: "Is action necessary to protect the public in the interim?"
- However, the Complaints Committee should provisionally assess the facts to determine whether the complaint is **manifestly unfounded or manifestly exaggerated**.
 - Consider: reliability of evidence; internal and external consistency; plausibility of complaint; motivation of complainant.



Step 3: Is interim action in the public interest?

- Considering the information before the Committee, **is the immediate risk of harm such that an interim order is necessary to protect clients, colleagues or other members of the public** during the interim period (*i.e.*, during the investigation and prior to a hearing)?
- Interim action is an **extraordinary** measure to protect the public and should be invoked sparingly in light of the consequences to the respondent.

Consider the following factors:

- For an order to be necessary for the protection of the public, the Committee must be satisfied that the respondent is **exposing or likely to expose the public, clients, the profession or the registrant to harm or injury** if an order is not made (it is not enough for the Committee to consider that an order is merely “desirable”).
 - The Committee should consider the **seriousness of the risk** to the public, clients, the profession and the registrant if the registrant were allowed to continue practising without restriction. This includes consideration of:
 - the seriousness of the allegation;
 - the nature of the evidence; and,
 - the likelihood of the alleged conduct being repeated if an interim order were not imposed.

Interim action is in the public interest.



Step 4: What kind of interim action is necessary?

- If the Committee decides that interim measures are necessary, it should **not** automatically impose an interim suspension, but should **first consider whether interim conditions or restrictions would be sufficient and proportionate**.
- The Committee **should also take into account the impact which an order may have on the respondent**. The Committee must balance the need for an interim order against the consequences for the respondent and satisfy itself that the consequences of the order are not disproportionate to the potential risk to the public. An order will impact on the registrant’s right to practice and may also impact the registrant’s finances and reputation.

Professional Conduct 306	Investigation of Complaint		
Date First Approved:	2020/01/225	Effective Date:	2020/01/225
Revision Date:	2025/05/12		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. If a complaint is not dismissed by the Registrar, the Registrar may begin an investigation of the complaint. **RHPA, section 71(1)(f)**
2. The Registrar may appoint an investigator to conduct the investigation. The Registrar may prepare an Appointment of Investigator document identifying the investigator(s) and setting out the investigator’s authority to conduct the investigation. **RHPA, section 72(1)**
3. When investigating a complaint, the Registrar or the investigator may:
 - 3.1. require the respondent to provide a written or oral response to the matters under investigation within such time as directed;
 - 3.2. request documents and written or oral explanations from the complainant, the respondent or third parties; and
 - 3.3. request an interview with the complainant, the respondent or third parties. **RHPA, section 72(2)**
4. Where the Registrar or investigator seeks to interview a witness or acquire documentation and the person to whom the request is made does not comply, the Registrar or investigator

may issue a summons or Notice to Produce. See Professional Conduct Policy 311: Summons and Notices to Produce. **RHPA, section 69**

5. The Registrar or investigator may investigate any matter relating to the respondent that arises in the course of the investigation, in addition to the complaint, that may constitute:
 - 5.1. professional misconduct;
 - 5.2. conduct unbecoming the profession;
 - 5.3. incompetence; or
 - 5.4. incapacity. **RHPA, 72(3)**
6. The Registrar or the investigator may, with the respondent's consent:
 - 6.1. where the Registrar has reasonable or probable grounds to believe that the respondent has an issue of incapacity, require the respondent to submit to physical or mental examinations by a qualified person or persons designated by the Registrar, and authorize the reports from the examinations to be given to the Registrar;
 - 6.2. order a review or audit of the respondent's practice by a qualified person or persons designated by the Registrar, and authorize a copy of the review or audit to be given to the Registrar; and
 - 6.3. require the respondent to complete a competence assessment to determine whether the respondent is competent to practise, and authorize the assessment report to be given to the Registrar. **RHPA, section 72(2)(d)**
7. Unless the complaint is dismissed by the Registrar, the Registrar or the investigator shall:
 - 7.1. send any reports, assessments, or documents produced or gathered in the course of the investigation to the respondent, and
 - 7.2. provide the respondent with an opportunity to respond to the information.

However, a respondent is not entitled to receive information or documentation that is subject to solicitor-client privilege or deliberative secrecy. Specific information may be redacted when doing so is in the public interest.
8. A respondent may submit medical and any other information relevant to the complaint to the Registrar or the investigator. **RHPA, section 72(4)**

9. If the respondent has a Professional Conduct History with the Regulator or the legacy College, or there is relevant professional conduct information from Emergency Health Services Nova Scotia, a summary will be provided to the respondent.
10. The Registrar or investigator may prepare a preliminary investigation report in a form acceptable to the Registrar and/or the Complaints Committee.
 - 10.1. The Registrar or investigator will provide any such preliminary investigation report to the respondent and invite the respondent to respond to the report within 30 days, or such other time period as determined by the Registrar.
11. At the conclusion of an investigation, the Registrar shall take into account the results of the investigation and:
 - 11.1. dismiss the complaint;
 - 11.2. informally resolve the complaint; **See** Professional Conduct Policy 303: Informal Resolution by Registrar
 - 11.3. refer the matter to another form of dispute resolution;
 - 11.4. authorize the resignation of the respondent;¹
 - 11.5. where the matter may involve incapacity and the respondent agrees, refer the matter to the fitness-to-practise process; or
 - 11.6. refer the matter under investigation to the Complaints Committee. **RHPA, section 73(1)**
12. A Registrar may refer a complaint to the Complaints Committee at any time during an investigation for the Complaints Committee to:
 - 12.1. provide direction with regard to the investigation; or
 - 12.2. exercise any of the powers conferred upon it under the *Regulated Health Professions Act* and the General Regulations. **RHPA, section 80**

¹ Authorizing the resignation of a registrant when a registrant is facing a complaint should only occur in exceptional circumstances. Typically, it is not considered in the public interest to allow a registrant to resign their way out of potential discipline.

13. During an investigation, a respondent to a complaint has the right to:

- 13.1. be represented by legal counsel, a union representative, or another representative at the respondent's own expense;
- 13.2. notice of any matters under investigation;
- 13.3. a reasonable opportunity to present a response and make submissions;
- 13.4. such other information as natural justice requires; and
- 13.5. such other information as determined by the Registrar. **RHPA, section 83**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 69, 71 – 73, 80 and 83

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 307	Complaints Committee Investigation		
Date First Approved:	2020/01/25	Effective Date:	2020/01/25
Revision Date:	2025/05/12		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Hearing” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. The Complaints Committee may set its own procedure for the investigation of a complaint.
RHPA, section 81(1)
2. The Complaints Committee may:
 - 2.1. direct any investigation the committee considers necessary;
 - 2.2. receive information in addition to the information from an investigator if the information is relevant to the matters before it;
 - 2.3. require the respondent to provide a written response to the matters under investigation within such time as directed by the committee;
 - 2.4. where the matter may involve incapacity and the respondent and the registrar agree, refer the matter to the Fitness-to-Practise Process;
 - 2.5. interview such persons as the committee in its discretion deems relevant, including the respondent; and

- 2.6. impose a publication ban on information that may be subject to confidentiality under the Regulated Health Professions Act. **RHPA, section 82(1)**
3. A Respondent may submit medical and any other information relevant to the complaint to the Complaints Committee. **RHPA, section 72(4)**
4. Where the Complaints Committee seeks to interview a witness or acquire documentation and the person to whom the request is made does not comply, the Complaints Committee may issue a summons or Notice to Produce. See Professional Conduct Policy 311: Summons and Notices to Produce. **RHPA, section 69**
5. The Complaints Committee may investigate any matter relating to the respondent that arises in the course of the investigation, in addition to the complaint, that may constitute:
 - 5.1. professional misconduct;
 - 5.2. conduct unbecoming the profession;
 - 5.3. incompetence; or
 - 5.4. incapacity. **RHPA, 72(3)**
6. The Complaints Committee may require the respondent to:
 - 6.1. submit to physical or mental examinations by a qualified person or persons designated by the committee, and authorize the reports from the examinations to be given to the committee;
 - 6.2. submit to a review or audit of the respondent's practice by a qualified person or persons designated by the committee, and authorize a copy of the review or audit to be given to the committee;
 - 6.3. complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise, and authorize the assessment report to be given to the committee; or
 - 6.4. produce any records or documents kept respecting the respondent's practice that the committee deems relevant. **RHPA, section 84(1)(b)**
7. Unless the complaint is dismissed by the Complaints Committee, the Committee shall send any information, reports, assessments, or documents produced or gathered in the course of the investigation to the respondent.

- 7.1. The Committee shall provide the respondent with an opportunity to respond to the information before the Committee's final disposition of the matter. **RHPA, section 82(2)**
8. A respondent is not entitled to receive information or documentation that is subject to solicitor-client privilege or deliberative secrecy.
9. Where a respondent fails to comply with requirements under clause 6 or otherwise fails to comply with any direction from a Complaints Committee, the committee may suspend or restrict the respondent's licence until the suspension or restriction is lifted, superseded or annulled by the Complaints Committee. **RHPA, section 85**
10. Expenses incurred by a respondent to comply with a requirement under clause 6 must be paid by the Regulator but may be awarded as costs against the respondent by the Complaints Committee. **RHPA, sections 86 and 153**
11. If the respondent has a Professional Conduct History with the Regulator, the legacy College, or there is relevant professional conduct information from Emergency Health Services Nova Scotia a summary will be provided to the Complaints Committee.
12. Once a matter is referred to the Complaints Committee, the Committee retains jurisdiction over it until:
- 12.1. a hearing commences before the Professional Conduct Committee;
- 12.2. the Complaints Committee recommends a settlement agreement to the Professional Conduct Committee; or
- 12.3. where the matter may involve incapacity and the respondent and the Registrar agree, the Complaints Committee refers the matter to the Fitness-to-Practise Process. **RHPA, section 81(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 69, 72, 81, 82, 84 – 86, and 153

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 308		Complaints Committee Disposition	
Date First Approved:	2025/05/12	Effective Date:	2025/05/12
Revision Date:	YYYY/MM/DD		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Complaints Committee Support Person” – see definitions.

“Hearing” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. Once the Complaints Committee has completed its investigation, it may:
 - 1.1. dismiss the complaint and provide any guidance the committee considers useful to the complainant, the respondent or any other person associated with the complaint if the committee determines that:
 - 1.1.1. the complaint is outside the jurisdiction of the regulatory body;
 - 1.1.2. the complaint cannot be substantiated;
 - 1.1.3. the complaint is frivolous (one that has no merit whatsoever) or vexatious (one with an improper purpose to harass or annoy the respondent);
 - 1.1.4. the complaint constitutes an abuse of process (e.g., the complaints process is being used for an improper or unintended purpose);

1.1.5. the facts alleged, even if proven, would not constitute professional misconduct, conduct unbecoming the profession, incompetence or incapacity, or would not merit a caution; or

the processing of the complaint would not advance the objects of the regulatory body;

RHPA, section 84(1)(a)

- 1.2. informally resolve the complaint, including authorizing the respondent's resignation from the register and any relevant category of licensing.² If the Complaints Committee and the respondent agree, an informal resolution may include costs; **RHPA, sections 84(1)(c) and 84(3)**
- 1.3. refer the matter to another form of dispute resolution; **RHPA, section 84(1)(d)**
- 1.4. caution the respondent. A caution may include costs; **RHPA, sections 84(1)(e) and 84(4)**
- 1.5. with the respondent's consent, order that the respondent receive a reprimand and that the reprimand be communicated to the respondent, the complainant and any other person the committee considers appropriate. A consent reprimand may include costs; **RHPA, sections 84(1)(f) and 84(4)**
- 1.6. with the respondent's consent, impose conditions or restrictions, or both, on the respondent's registration or licence; **RHPA, section 84(1)(g)**
- 1.7. where the matter may involve incapacity, and the respondent and the registrar agree, refer the matter to the Fitness-to-Practise Process; and **RHPA, section 84(1)(h)**
- 1.8. where a determination is made that the matter warrants a hearing, refer the matter to the Professional Conduct Committee. **RHPA, section 84(1)(i)**
2. Unless it dismisses a complaint, the Complaints Committee shall give the respondent a reasonable opportunity to appear before the committee and may request other persons to appear before it before it disposes of a complaint. **RHPA, section 84(2)**
3. If a Committee Support Person is present during the Complaints Committee's deliberations, the Chair shall ensure that the support person does not become a decision-maker.
4. The Complaints Committee's decision is final.

² Authorizing the resignation of a registrant when a registrant is facing a complaint should only occur in exceptional circumstances. Typically, it is not considered in the public interest to allow a registrant to resign their way out of potential discipline.

RELATED DOCUMENTS

Regulated Health Professions Act, section 84

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 309**Written Decision of the Complaints Committee****Date First Approved:** 2020/01/25**Effective Date:** 2020/01/25**Revision Date:** 2025/05/12**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Complaints Committee Support Person” – see definitions.

“Hearing” – see definitions.

“Incompetence” – see definitions.

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT**Written Reasons for Decision**

1. The Chair of the Complaints Committee panel shall ensure that written reasons for the Committee’s decision includes:
 - 1.1. the registrant’s name and registration number; **RHPA, section 114(2)(a)**
 - 1.2. the date of the decision; **RHPA, section 114(2)(c)**
 - 1.3. the names of the members of the Complaints Committee involved in the matter;
 - 1.4. the names of the individuals who appeared before the Complaints Committee (unless the Committee determines that an individual’s name should not be disclosed);
 - 1.5. the names of the various people in attendance during any meeting of the Complaints Committee;
 - 1.6. a summary of the allegations; **RHPA, section 114(2)(d)**

- 1.7. a summary of the response and other information relevant to the response; **RHPA, section 114(2)(d)**
- 1.8. a summary of any other relevant information reviewed by the Complaints Committee, including any information and submissions provided by individuals attending before the committee; **RHPA, section 114(2)(d)**
- 1.9. where applicable, reasons for requiring the respondent to:
 - 1.9.1. submit to physical or mental examinations by a qualified person or persons designated by the committee;
 - 1.9.2. submit to a review or audit of the respondent's practice by a qualified person or persons designated by the committee;
 - 1.9.3. complete a competence assessment as directed by the committee to determine whether the respondent is competent to practise;
 - 1.9.4. produce any records or documents kept respecting the respondent's practice that the committee deems relevant;
- 1.10. if the Committee dismisses a complaint: the reasons for the dismissal and if considered useful by the Committee, any advice to the complainant, the respondent or a person or organization affected by the complaint;
- 1.11. if the Committee accepts an informal resolution: the terms of the informal resolution (including any costs); the Committee's rationale for its acceptance; and confirmation that respondent consents to informal resolution;
- 1.12. if the Committee refers the matter to another form of dispute resolution: the reasons for referring the matter;

Issuing a Caution

- 1.13. if the Committee issues a caution:
 - 1.13.1. an indication of the registrant's specific conduct or action which may have breached standards of professional ethics or practice;
 - 1.13.2. an indication of why such breach does not in the circumstances amount to professional misconduct, conduct unbecoming the profession, incompetence, or incapacity; and whether the caution includes any costs;

Issuing a Licensing Sanction

- 1.14. if the Committee issues a licensing sanction: the provision of the *Regulated Health Professions Act* under which the licensing sanction is issued; **RHPA, section 114(2)(b)**

Issuing a Reprimand

- 1.15. if the Committee issues a reprimand: an indication of the specific conduct or action which may have breached standards of professional ethics or practice; an indication of why the conduct amounts to professional misconduct, conduct unbecoming the profession, incompetence, or incapacity in the circumstance; the reasons why a reprimand is considered to be an appropriate disposition; confirmation of the respondent's consent to the reprimand; direction for publication of the reprimand; and whether the reprimand includes any costs; **RHPA, section 114(2)(e)**

Imposing Conditions or Restrictions

- 1.16. if the Committee imposes conditions or restrictions: the specific conditions or restrictions imposed; the reasons why conditions or restrictions are considered to be appropriate; confirmation of the respondent's consent to the conditions or restrictions; and the direction for publication of the conditions or restrictions;

Referral to Fitness-to-Practise

- 1.17. if the Committee refers the matter to the Fitness-to-Practise Process: a discussion regarding whether the registrant satisfies the Board's eligibility criteria for the Fitness-to-Practise Process; and confirmation that the Registrar and the respondent consent to the matter being referred to the Fitness-to-Practise Process;

Referral to Professional Conduct Committee

- 1.18. if the Committee refers the matter to the Professional Conduct Committee: an indication of the registrant's specific conduct or action which may have breached standards of professional ethics or practice that, if proven, constitutes professional misconduct, conduct unbecoming the profession, incompetence, or incapacity in the circumstances; a discussion as to why the matter warrants a hearing; and a discussion of the information available that, if proven, establishes the allegations; **RHPA, section 114(2)(e)**

Publication Ban

- 1.19. if the Committee orders a publication ban: the reasons for such order and the extent of the ban.
2. Where allegations have been found to constitute incapacity, the specific nature of the incapacity must not be included in a summary of the decision. **RHPA, section 114(3)**
3. The Complaints Committee may receive assistance in drafting the decision in an appropriate form; however, the decision and rationale must be that of the Committee panel members.
4. Draft decisions will be circulated to all Complaints Committee panel members for review and feedback. When all committee panel members are satisfied that the document accurately reflects the committee's decision, all panel members will confirm their agreement in writing and sign or electronically authorize the decision.
5. In the event that any member(s) of the Complaints Committee panel disagrees with the decision of the majority, such member(s) may write a dissenting opinion which will be signed (or electronically authorized) and attached to the majority decision.

RELATED DOCUMENTS

Regulated Health Professions Act, section 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 310**Notification and Publication of Complaints Committee Decision****Date First Approved:** 2025/05/12**Effective Date:** 2025/05/12**Revision Date:** YYYY/MM/DD**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Incompetence” – see definitions.

POLICY STATEMENT

1. The Complaints Committee may impose a publication ban on information that may be subject to confidentiality under the *Regulated Health Professions Act*. **RHPA, section 82(f)**
2. Once the Complaints Committee has rendered a decision disposing of the complaint, it shall prepare and issue a written decision, with reasons, and direct the Registrar, subject to any publication bans ordered by the Committee, to send:
 - 2.1. a copy of the written decision to the respondent;
 - 2.2. a copy of the written decision or a summary of the decision to the complainant; and
 - 2.3. some or all of the written decision, or a summary of the decision, to such other persons as the Complaints Committee determines. **RHPA, section 88(1)**
3. In the event that the Complaints Committee decides to exercise its discretion pursuant to clause 2.3, the Committee shall indicate in its decision the reasons for such disclosure.
4. Where the Complaints Committee’s decision involves a licensing sanction, the committee shall forward the decision to the Registrar for publication in accordance with Section 114 of the *Regulated Health Professions Act*. **RHPA, section 88(1)**
5. Except as prohibited by a publication ban, when the Complaints Committee issues a licensing sanction, the Registrar shall:
 - 5.1. make appropriate entries on the records of the Regulator and on the licence of the registrant to reflect the licensing sanction;

5.2. publish a summary of the decision:

5.2.1. on the Regulator's website; and

5.2.2. in any other publication determined by the Complaints Committee;

5.3. provide notice of the licensing sanction, and include information requested by another licensing jurisdiction to:

5.3.1. registering bodies in other Canadian jurisdictions;

5.3.2. registering bodies in the original jurisdiction of the registrant; and

5.3.3. registering bodies in other jurisdictions where the registrant is known to be or to have been registered or is seeking registration;

5.4. give a copy of the decision to the respondent;

5.5. give a copy of the decision or any part of the decision, as the committee making the decision directs, to the complainant;

5.6. provide:

5.6.1. notice of the decision,

5.6.2. a summary of the decision,

5.6.3. parts of the decision, or

5.6.4. a copy of the decision,

to any person the Complaints Committee directs.

RELATED DOCUMENTS

Regulated Health Professions Act, sections 82, 88 and 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 311	Summons and Notices to Produce		
Date First Approved:	2025/05/12	Effective Date:	2025/05/12
Revision Date:	YYYY/MM/DD		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

POLICY STATEMENT

1. During the investigation of a complaint, the Registrar, an investigator, and the members of a Complaints Committee may:
 - 1.1. issue a Summons directing a person to attend an interview or meeting to answer questions related to the complaint; and
 - 1.2. issue a Notice to Produce compelling a person to produce documents related to the complaint. **RHPA, section 69**
2. Where a person objects to attending an interview or meeting or producing documents following the issuance of a Summons or Notice to Produce, respectively, the Regulator may refer the matter to the Supreme Court of Nova Scotia for further direction.

RELATED DOCUMENTS

Public Inquiries Act, RSNS 1989, c 372

Regulated Health Professions Act, sections 82, 88 and 114

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 312	Professional Conduct History
Date First Approved: 2020/01/25	Effective Date: 2020/01/25
Revision Date: 2025/05/12	
Next Review Date: 2028/05/12	Approved By: Board

DEFINITIONS

“Professional Conduct Committee” – see definitions.

“Professional Conduct Processes” – see definitions.

“Professional Misconduct” – see definitions.

POLICY STATEMENT

1. A registrant’s Professional Conduct History will generally not be available to members of the public.
2. The Regulator will maintain an ongoing Professional Conduct History specific to individual registrants for any use in any regulatory process, as appropriate and permissible.
3. A registrant’s Professional Conduct History shall include the following:
 - 3.1. the date of a complaint or referral to the Fitness-to-Practise Process;
 - 3.2. the name of the complainant;
 - 3.3. the nature of the complaint (professional misconduct, conduct unbecoming the profession, incompetence, or incapacity) and a brief summary of the allegations; and
 - 3.4. a procedural summary of the matter, including the disposition, date of the disposition.
4. Where a respondent has an existing Professional Conduct History and a new complaint or referral is received, a copy of the existing Professional Conduct History will be provided to the respondent at the time that they are notified of the complaint.
5. The Professional Conduct History may also be provided to the Complaints Committee or Fitness-to-Practise Committee, as applicable.
 - 5.1. Based on the Professional Conduct History, these committees may request further information regarding previous complaints or referrals.

6. The Registrar may provide a copy of a registrant's Professional Conduct History to the Reinstatement Committee upon a registrant's application to the Reinstatement Committee for reinstatement of their registration and/or licence.
7. Where a matter is before the Professional Conduct Committee, the Professional Conduct History of the respondent shall not be provided to the Committee unless and until the Committee is considering a sanction.
8. The Professional Conduct History shall be retained indefinitely or until the earlier of the registrant's death or 50 years.
9. The Professional Conduct History shall only be disclosed as follows:
 - 9.1. to the respondent at the time that they are notified of the complaint;
 - 9.2. to investigators appointed by the Regulator for the purposes of conducting an investigation;
 - 9.3. to statutory committees as described in clauses 5 - 7;
 - 9.4. to comply with a legal requirement;
 - 9.5. in accordance with the *Regulated Health Professions Act* and the RHPA General Regulations; or
 - 9.6. pursuant to a committee direction, consistent with the objects of the Regulator.
10. Nothing in this Policy shall preclude a committee from including details of a registrant's Professional Conduct History in their written decision and reasons.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 313**Complaints Committee Review of Dismissal****Date First Approved:** 2020/01/24**Effective Date:** 2020/01/24**Revision Date:** 2025/05/12**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

POLICY STATEMENT

1. Upon receipt of a written request from a complainant for review of a Registrar’s dismissal of a complaint, the Registrar shall send a copy of the request to the respondent and the Chair of the Complaints Committee. **RHPA, section 77(2)**
2. On receipt of a request for review of a complaint dismissal, the Chair of the Complaints Committee shall appoint a panel of the Complaints Committee to review the dismissal. The Chair of the Complaints Committee will also appoint a panel Chair. **RHPA, section 77(3)**
3. The Complaints Committee shall meet as soon as reasonably practical to consider the request for review.
4. The Complaints Committee shall consider the reasonableness and appropriateness of the Registrar’s decision to dismiss the complaint.
5. After reviewing the complaint, any other material considered by the Registrar when making the decision to dismiss, the Registrar’s decision, and the complainant’s request for review, the Complaints Committee may:
 - 5.1. confirm the dismissal of some or all of the complaint; or
 - 5.2. overturn the dismissal of some or all of the complaint and
 - 5.2.1. order an investigation of any aspects of the complaint that have not been dismissed, and
 - 5.2.2. refer the matter to be considered by a differently constituted Complaints Committee panel. **RHPA, section 78(1)**

6. The Complaints Committee's decision shall explain its reasoning for either confirming or overturning the dismissal of the complaint.
7. The Complaints Committee shall render its decision in writing and with reasons and provide a copy of the decision as soon as practicable to the Registrar, the complainant, and the respondent. **RHPA, section 78(2)**
8. A Complaints Committee's decision under this policy is final. **RHPA, section 79**

RELATED DOCUMENTS

Regulated Health Professions Act, sections 77 – 79

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Professional Conduct 314	Settlement Agreements
Date First Approved: 2025/05/12	Effective Date: 2025/05/12
Revision Date: YYYY/MM/DD	
Next Review Date: 2028/05/12	Approved By: Board

DEFINITIONS

“Complaint” – see definitions.

“Complaints Committee” – see definitions.

“Professional Conduct Committee” – see definitions.

POLICY STATEMENT

1. Where a Complaints Committee refers a matter to the Professional Conduct Committee, the Regulator and the respondent may submit a proposed settlement agreement to the other party for consideration as a means of resolving the matter. **RHPA, section 87(1)**
2. The parties may agree to use a mediator to prepare or negotiate a proposed settlement agreement. The costs for a mediator must be divided equally between the regulatory body and the respondent unless the parties agree to a different division of the costs. **RHPA General Regulations, section 24**
3. A proposed settlement agreement must include:
 - 3.1. sufficient facts to provide context for the admissions of the respondent;
 - 3.2. an admission by the respondent to one or more of the matters referred to the Professional Conduct Committee;
 - 3.3. the respondent’s consent to a specified disposition, conditional upon the acceptance of the settlement agreement by the Professional Conduct Committee assigned to review the proposed settlement agreement; and
 - 3.4. an agreement on the amount of costs to be paid and the timing for such payment. **RHPA, section 87(2)**
4. Where the respondent and the Registrar agree to the proposed terms of a settlement agreement, the Registrar must refer the proposed agreement to the Complaints Committee for consideration. **RHPA General Regulations, section 25**

5. Upon referral of a proposed settlement agreement to the Complaints Committee, the same members of the Complaints Committee as those who referred the matter to the Professional Conduct Committee shall consider the settlement agreement, if possible.
6. The Complaints Committee may recommend acceptance of a proposed settlement agreement if it is satisfied that all of the following criteria are met:
 - 6.1. the public is protected;
 - 6.2. if the respondent is permitted to continue practising, the conduct or its cause can be, or has been, successfully remedied or addressed, and, if applicable, the respondent is likely to successfully pursue the proposed remediation or other requirements of the proposed settlement agreement;
 - 6.3. settlement is in the best interest of the public. **RHPA General Regulations, section 25(1)**
7. If the Complaints Committee recommends acceptance of a proposed settlement agreement, the Complaints Committee must refer the proposed settlement agreement to the Professional Conduct Committee for consideration. **RHPA General Regulations, section 25(2)**
8. If the Complaints Committee does not recommend acceptance of a proposed settlement agreement, the Complaints Committee must do 1 of the following:
 - 8.1. recommend changes to the proposed settlement agreement that,
 - 8.1.1. if agreed upon by the parties would result in the complaints committee's recommending acceptance by the professional conduct committee, or
 - 8.1.2. if not agreed upon by the parties would result in rejection by the complaints committee;
 - 8.2. reject the proposed settlement agreement and refer the complaint considered by the Complaints Committee to the Professional Conduct Committee for a hearing. **RHPA General Regulations, section 25(3)**

RELATED DOCUMENTS

Regulated Health Professions Act, section 87

RHPA General Regulations, section 24 – 26

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Section 4 – Fitness-to-Practise Policies (400 Series)

Fitness to Practise 401.0 and Immunities	Fitness-to-Practise Committee Composition, Powers, Privileges
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Date First Approved: 2025/05/12

Effective Date: 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Act” – see definitions.

"Fitness-to-Practise Committee" – see definitions.

"Fitness-to-Practise Process" – see definitions.

“Regulations” – see definitions.

POLICY STATEMENT

Composition of the Fitness-to-Practise Committee

1. The Board shall appoint a Fitness-to-Practise Committee composed of:
 - 1.1. at least one public representative; and
 - 1.2. such other number of registrants and public representatives as the Board determines.

RHPA, Section 122(1)
2. The Board shall appoint a Chair and Vice-Chair of the Fitness-to-Practise Committee. ***RHPA, Section 122(2)***

Powers, Privileges and Immunities of the Fitness-to-Practise Committee

3. The members of the Fitness-to-Practise Committee have all the rights, powers, privileges and immunities of a commissioner appointed under the *Public Inquiries Act*, with the exception of the powers of contempt, arrest and imprisonment. **RHPA, Section 125**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 122 and 125

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Fitness to Practise 402.0 Fitness-to-Practise - Eligibility, Referral, Process, Including Meetings and Costs/Expenses

Date First Approved: 2025/05/12

Effective Date: 2025/05/12

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Approved By: Board

DEFINITIONS

“Act” – see definitions.

"Fitness-to-Practise Committee" – see definitions.

"Fitness-to-Practise Process" – see definitions.

“Incapacity” – see definitions.

“Regulations” see definitions.

POLICY STATEMENT

1. The Regulator's Fitness-to-Practise Process shall be:
 - 1.1. a non-disciplinary and remedial process designed to support registrants who are experiencing an "incapacity;"
 - 1.2. used to support registrants to return to practice once they are able to provide safe and competent care to clients.
2. Registrants must recognize that:
 - 2.1. the majority of registrants involved in the Fitness-to-Practise Process will stop practising for a period of time while they focus on obtaining treatment before returning to work; and
 - 2.2. in particular cases, it may be possible for a registrant to remain in practice while participating in the Fitness-to-Practise Process; however, these cases are the exception, rather than the norm.

Eligibility for and Referral to the Fitness-to-Practise Process

3. The Registrar shall determine if a registrant is eligible for the Fitness-to-Practise Process by assessing on a case-by-case basis the eligibility criteria approved by the Board. **RHPA, Section 126(2)**
4. To determine whether a registrant is eligible for the Fitness-to-Practise Process, the Registrar may request the registrant to undergo a capacity examination by a qualified person and authorize the report from the examination to be given to the Registrar.
5. To be eligible for the Fitness-to-Practise Process, the following criteria must be met:
 - 5.1. the Registrar determines the registrant is eligible based on evidence of possible incapacity; **RHPA, Section 126(1)**
 - 5.2. the registrant agrees to participating in the Fitness-to-Practise Process; **RHPA, Section 126(1)**
 - 5.3. one or more of the following factors are met;
 - 5.3.1. a complaint concerns the registrant's incapacity;
 - 5.3.2. the information disclosed in a regulatory process raises concerns respecting the registrant's incapacity;
 - 5.3.3. a person raises questions respecting the possible incapacity of the registrant to the Regulator in the absence of a complaint; or
 - 5.3.4. the registrant self-reports incapacity to the Regulator. **RHPA, Section 126(3)**
 - 5.4. there is reasonable evidence suggesting incapacity, including but not limited to one or more of the following;
 - 5.4.1. a documented history of behaviour or performance concerns related to incapacity;
 - 5.4.2. medical or psychological evidence indicating an impairment that affects the registrant's ability to practise safely; or

- 5.4.3. a pattern of incidents (e.g. errors, complaints, or workplace concerns) that raise reasonable concerns about capacity;
- 5.5. the matter does not meet the criteria to be excluded from the fitness-to-practise process. The exclusion criteria include, but are not limited to;
 - 5.5.1. there is insufficient evidence to suggest incapacity;
 - 5.5.2. the concerns are primarily related to conduct, ethics, or competency rather than incapacity; or
 - 5.5.3. the registrant does not agree to the referral;
- 5.6. all eligibility decisions must be clearly documented by the Registrar, including the rationale for referral or non-referral.

Referral of Fitness-to-Practise Matters occurring outside of Nova Scotia

- 6. Where a registrant engages in practice outside of Nova Scotia, and is subject to a licensing sanction or has outstanding complaints or allegations of incapacity from outside Nova Scotia, the Registrar may refer the registrant to the Fitness-to-Practice Committee (**RHPA, Section 63**), provided the Registrant:
 - 6.1. meets the eligibility requirements of this policy; and
 - 6.2. agrees to the Fitness-to-Practise Process.

Fitness-to-Practise Process

- 7. If the Registrar determines that a registrant is eligible for the Fitness-to-Practise Process, the registrant shall either:
 - 7.1. cease practising to pursue remediation of the incapacity under such terms and conditions as agreed with the Registrar; or
 - 7.2. continue in or resume practice under such terms and conditions as agreed with the Registrar. **RHPA, Section 127(1)**
- 8. An agreement made pursuant to clause 7.1 or 7.2 may be in the form of an Undertaking to Address Incapacity.

9. If the registrant continues in or resumes practice pursuant to clause 7.2, the agreement reached between the Registrar and the registrant must be approved by the Fitness-to-Practise Committee. **RHPA, Section 127(2)**
10. Where a matter referred to the Fitness-to-Practise Process concerns a registrant who was previously part of a Fitness-to-Practise Process, the Registrar and the Fitness-to-Practise Committee must be provided with all information in the possession of the Regulator related to the previous matter. **RHPA, Section 127(3)**
11. Where a registrant is seeking to return to practice, the Registrar and the registrant may reach an agreement regarding the terms, conditions, and restrictions that will apply to the registrant's licence if the registrant is approved to return to practice by the Fitness-to-Practise Committee. This agreement may be in the form of a Remedial Agreement.
12. Nothing within this policy precludes a registrant, the Registrar and a Fitness-to-Practise Committee from working together to develop an agreement under clause 7.2 of this policy. **RHPA, Section 127(6)**

Meetings with the Fitness to Practise Committee

13. The Registrar may request a meeting with the Fitness-to-Practise Committee at any time during the Fitness-to-Practise Process with respect to a registrant's progress in the process or to request the registrant's removal from the process. **RHPA, Section 127(4)**
14. A registrant may request a meeting with the Fitness-to-Practise Committee when the registrant:
 - 14.1. has ceased practising in accordance with clause 7.1 and is seeking to return to practice; or
 - 14.2. has agreed to terms and conditions for practice in accordance with Article 7.2 and seeks to remove or vary any of the terms and conditions. **RHPA, Section 128(1)**
15. Upon receiving a request to meet, the Fitness-to-Practise Committee shall convene a meeting with the registrant. The Registrar may participate in a meeting between the Fitness-to-Practise Committee and the registrant. **RHPA General Regulations, section 14(1)**
16. At a Fitness-to-Practise Committee meeting, the registrant and the Registrar may introduce evidence and make submissions in a form determined by the Committee before the meeting. **RHPA General Regulations, Section 14(2)**

17. After hearing from the registrant and the Registrar, the Fitness-to-Practise Committee may:

17.1. approve the registrant's return to practice, subject to such terms and conditions as the Fitness-to-Practise Committee deems appropriate and with which the registrant agrees;

17.2. vary the terms and conditions under which the registrant is practising if the registrant agrees to such variation; or

17.3. deny the return to practice or variation request and refer the registrant back to the Registrar. **RHPA, Section 128(3)**

18. The Fitness-to-Practise Committee may appoint an investigator to investigate possible non-compliance with a Remedial Agreement. **RHPA General Regulations, Section 15**

19. Fitness-to-Practise meetings are closed to the public.

Costs/Expenses

20. The Registrar may award costs against a registrant to recover expenses incurred for a capacity assessment. **RHPA General Regulations, Section 45(1)**

21. The Fitness-to-Practise Committee may require a registrant to pay for expenses, under the terms the Committee determines, related to the Fitness-to-Practise Process involving the remediation of the incapacity or in order for a registrant to continue in or resume practice. **RHPA, Section 127(5)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 63 and 126 – 128

Regulated Health Professions Act General Regulations, NS Reg 106/2024, sections 14 – 15 and 45

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Fitness to Practise 403.0		Fitness-to-Practise Process: Breach and Removal Management	
Date First Approved:	2025/05/12	Effective Date:	2025/05/12
Revision Date:	YYYY/MM/DD		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

“Act” – see definitions.

"Fitness-to-Practise Committee" – see definitions.

"Fitness-to-Practise Process" – see definitions.

“Incapacity” – see definitions.

“Objects of the NSRoP” – see definitions.

POLICY STATEMENT

1. This policy applies to any registrant who has entered the Fitness-to-Practise Process with the Regulator.

Breach During the Fitness-to-Practise Process

2. The Fitness-to-Practise Committee may convene a meeting to review a registrant who may have breached a remedial agreement (including a registrant who experiences a relapse) during their return to practice to determine whether continued participation in the Fitness-to-Practise Process remains appropriate and consistent with the Objects of the Regulator.
3. A breach does not automatically result in removal from the Fitness-to-Practise Process. The Fitness-to-Practise Committee shall consider a number of factors, including but not limited to:
 - 3.1. the nature and severity of the breach;
 - 3.2. whether the breach presents an immediate risk to the public or to the registrant’s ability to practise safely;
 - 3.3. whether the registrant voluntarily disclosed the breach and demonstrated insight and accountability;

- 3.4. the registrant's engagement with treatment and/or monitoring programs; and
- 3.5. any expert medical or psychological opinions regarding the registrant's fitness to practise.
- 4. If the Fitness-to-Practise Committee determines that continued participation in the process is not in the public interest due to the breach, the registrant shall be removed from the Fitness-to-Practise Process in accordance with this policy and referred back to the Registrar or the appropriate committee.
- 5. If the Fitness-to-Practise Committee determines that the registrant's breach can be addressed within the current process and that the registrant does not pose an immediate risk, the Committee may revise or impose additional terms, conditions, or monitoring requirements to support continued safe practice.
- 6. The Fitness-to-Practise Committee shall document all considerations and decisions related to a breach and shall communicate its decision, along with reasons, to the registrant in writing.

Removal From the Fitness-to-Practise Process

- 7. A registrant may be removed from the Fitness-to-Practise Process and referred back to the Registrar if:
 - 7.1. the registrant withdraws consent to participate in the Fitness-to-Practise Process;
 - 7.2. the registrant fails to submit to a capacity examination as directed by the Registrar;
 - 7.3. the registrant does not agree with the terms or conditions for practice or for a return to practice sought by the Fitness-to-Practise Committee;
 - 7.4. the Fitness-to-Practise Committee determines that a registrant:
 - 7.4.1. fails to meet the agreed terms and conditions of practice, or
 - 7.4.2. poses an immediate threat to the health or safety of others;
 - 7.5. the Fitness-to-Practise Committee is not satisfied that the registrant is incapacitated; or
 - 7.6. at any time the Fitness-to-Practise Committee considers that it is no longer consistent with the Objects of the Regulator for the registrant to participate in the Fitness-to-Practise Process. **RHPA, Section 129(1)**

8. Where the registrant is removed from the Fitness-to-Practise Process and was involved in regulatory process at the time of referral to the Fitness-to-Practise Process, the registrant must be referred back to the committee of the Regulator conducting the regulatory process. **RHPA, Section 129(2)**
9. Where the registrant is removed from the Fitness-to-Practise Process and the matter was referred by the Registrar outside of a regulatory process, the Registrar shall determine whether a regulatory process should be initiated or whether the matter requires further action under the Act. **RHPA, Section 129(2)**
10. Where a registrant is removed from the Fitness-to-Practise Process, the registrant's file, including reports, assessments and evaluations in the possession of or obtained by the Fitness-to-Practise Committee, must accompany the referral and may be provided by the Registrar to any person or statutory committee addressing the matter. **RHPA, Section 129(2)**

Costs

11. The Fitness-to-Practise Committee may award costs against a registrant to recover expenses incurred in the Fitness-to-Practise Process, including the costs of a fitness-to-practise assessment, if the registrant is referred back to the Registrar. **General Regulations, Section 45(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, section 129

Regulated Health Professions Act General Regulations, NS Reg 106/2024, section 45

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Fitness to Practise 404.0 Jurisdiction of the Fitness-to-Practise Committee			
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DEFINITIONS

"Fitness-to-Practise Committee" – see definitions.

POLICY STATEMENT

1. A Fitness-to-Practise Committee retains jurisdiction over a registrant who is subject to ongoing terms and conditions of practice agreed upon with the Committee until such terms and conditions have been met or the matter has been referred back to the Registrar. **RHPA, Section 130(1)**
2. Where a registrant has been referred back to a statutory committee of the Regulator, the statutory committee regains jurisdiction over the matter involving the registrant. **RHPA, Section 130(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, section 130.

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Fitness to Practise 405.0 Registrant's Rights before Fitness-to-Practise Committee			
Date First Approved: 2025/05/12		Effective Date:	2025/05/12
Revision Date:	YYYY/MM/DD		
Next Review Date:	2028/05/12	Approved By:	Board

DEFINITIONS

"Fitness-to-Practise Committee" – see definitions.

POLICY STATEMENT

1. A registrant appearing before the Fitness-to-Practise Committee has the right to:
 - 1.1. be represented by legal counsel, a union representative or another representative at the registrant's own expense;
 - 1.2. notice of any matters under investigation;
 - 1.3. a reasonable opportunity to present a response and make submissions in such form as determined by the Committee;
 - 1.4. such other information as natural justice requires; and
 - 1.5. such other information as determined by the Registrar. **RHPA, section 128(2)**

RELATED DOCUMENTS

Regulate Health Professions Act, SNS 2023, c 15, section 128

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Section 5 – Reinstatement Policies (500 Series)

Reinstatement 501.0 Reinstatement Committee Composition, Powers, Privileges and Immunities

Date First Approved: 2025/05/12**Effective Date:** 2025/05/12**Revision Date:** YYYY/MM/DD**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

“Act” – see definitions.

“Applicant” – see definitions.

“Investigator” – see definitions.

“Party” – see definitions.

“Regulations” – see definitions.

"Reinstatement Committee" – see definitions.

POLICY STATEMENT**Composition of the Reinstatement Committee**

1. The Board shall appoint a Reinstatement Committee composed of:
 - 1.1. at least one public representative; and
 - 1.2. such other number of Registrants and public representatives as the Board determines.
2. The Board shall appoint a Chair of the Reinstatement Committee. ***RHPA, Section 116***

Powers, Privileges and Immunities of the Reinstatement Committee

3. The Reinstatement Committee has all the powers conferred by the Act, the Regulations and Bylaws in the discharge of its functions, including the ability to award costs. ***RHPA, Section 119***

4. The Reinstatement Committee and an Investigator have all of the powers, privileges and immunities of a commissioner appointed under the Public Inquiries Act, with the exception of the powers of contempt, arrest and imprisonment. **RHPA, Section 119**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 116 and 119

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Reinstatement 502.0 Reinstatement – Application, Eligibility, Registrar’s Review and Reinstatement Committee Process

Date First Approved: 2025/05/12

Effective Date: 2025/05/12

Revision Date: YYYY/MM/DD

Next Review Date: 2028/05/12

Approved By: Board

DEFINITIONS

“Act” – see definitions.

“Applicant” – see definitions.

“Investigator” – see definitions.

“Party” – see definitions.

“Regulations” – see definitions.

“Reinstatement Application” – see definitions.

"Reinstatement Committee" – see definitions.

POLICY STATEMENT

Reinstatement application and eligibility

1. Where the reinstatement process is not intended to address registrants, whose licences have expired or been suspended, the reinstatement process outlined in this policy will not be available to registrants whose licences have expired or been suspended.
2. The application for reinstatement of registration or reinstatement of a licence must be in a form approved by the Registrar. **General Regulations, Section 33(1)**
3. The first step in the reinstatement process is for an Applicant to submit:
 - 3.1. a reinstatement application, which may include any information or documentation the Applicant considers necessary as part of their reinstatement application; and
 - 3.2. the applicable fee (**See** Applicant and Registrant Fees, Fines, and the Regulator’s Payment Process Policy).

4. A completed application for the reinstatement process includes:
 - 4.1. the application fee as described in the Applicant and Registrant Fees, Fines, and the Regulator's Payment Process Policy;
 - 4.2. a written request to apply for reinstatement of registration and/or licensure following revocation or resignation of the Applicant's registration and/or licensure;
 - 4.3. the Applicant's full name, former name(s), date of birth;
 - 4.4. any Emergency Health Services Nova Scotia, College of Paramedics of Nova Scotia or NSRoP registration number(s);
 - 4.5. a list of all jurisdictions where the Applicant currently holds or has ever held a paramedicine licence or any other licence or registration in a regulated profession which includes the Applicant's registration numbers, dates licensed and current licence status in each jurisdiction;
 - 4.6. a reflective essay that includes the conduct that led to the Applicant's revocation or resignation of registration and/or licensure and how the Applicant has addressed that conduct;
 - 4.7. information concerning the Applicant's character, conduct, particulars of employment and means of livelihood since revocation or resignation and any other information establishing that the Applicant's conduct and character will not endanger the public;
 - 4.8. confirmation that there are no outstanding costs or fines due to the College of Paramedics of Nova Scotia or NSRoP; and
 - 4.9. where applicable, evidence from qualified medical practitioner(s), counsellors, and treatment providers respecting the probability of the conduct leading to the revocation or resignation continuing in the future, and where applicable confirming that the Applicant is not incapacitated and is fit to resume the practise of paramedicine.
5. A reinstatement application is not considered complete unless all of the above requirements have been met, and the Registrar has received any required additional information.
6. To be eligible for reinstatement:

- 6.1. any time periods set out in a decision revoking or accepting the resignation of a registrant's registration or licence must have passed; and
 - 6.2. an Applicant must meet the criteria for registration and licensing under the Paramedicine Regulations, in addition to any restrictions and conditions imposed by the Committee. **General Regulations, Section 41**
7. If an application for reinstatement has already been rejected, an Applicant must not submit a new reinstatement application until:
 - 7.1. 1-year after the date of the Reinstatement Committee's prior decision to reject their application, and on any conditions determined by the Committee; or
 - 7.2. a date that is after the period in clause 7.1, as determined by the Reinstatement Committee that rejected the prior reinstatement application, and on any conditions determined by that Committee. **General Regulations, Section 44**

Registrar's review

8. Upon receipt of a reinstatement application, the Registrar shall review the application. The Registrar may appoint an Investigator to gather relevant and appropriate information concerning the reinstatement application. **General Regulations, Section 34**
9. An investigator must provide a report of the information gathered during the investigation to the Registrar. **General Regulations, Section 34**
10. Prior to referring the reinstatement application to the Committee, the Registrar must make a decision:
 - 10.1. to support the reinstatement application;
 - 10.2. to not support the reinstatement application; or
 - 10.3. to take no position on the reinstatement application.
11. The Registrar must prepare a written report to the Reinstatement Committee and the Applicant that contains all material relevant to the application, including all of the following:
 - 11.1. the Professional Conduct Committee's decision that revoked the Applicant's registration or licence, if applicable;

- 11.2. the resignation agreement approving the resignation of the Applicant's registration or licence, if applicable;
 - 11.3. the investigator's report, if an Investigator has been appointed;
 - 11.4. any relevant information gathered during the investigation – including information provided by the Applicant; and
 - 11.5. the Registrar's position regarding the outcome of the reinstatement application.
- General Regulations, Section 34**

Reinstatement Committee's process

- 12. The Reinstatement Committee shall conduct reviews of reinstatement applications in accordance with the processes set out in the Act, Regulations, and these policies.
- 13. The Reinstatement Committee may determine its own procedures provided they are consistent with the Act and Regulations. **RHPA General Regulations, Section 37.**
- 14. In reviewing a reinstatement application, the Reinstatement Committee shall:
 - 14.1. set a date, time and format for a hearing to review a reinstatement application, and advise the Applicant of the date, time and format of the hearing; **General Regulations, Section 35(1)**
 - 14.2. for a hearing that is to be held in an in-person or hybrid format, the Reinstatement Committee must advise the Applicant of the physical location where the hearing is to be held; **General Regulations, Section 35(2)**
 - 14.3. for a hearing that is to be held virtually or in a hybrid format, the Reinstatement Committee must provide the Applicant with the electronic link to the meeting; **General Regulations, Section 35(3)**
 - 14.4. consider any requests for an exclusion order or publication ban requested by a Party and provide reasons for any order made in this regard; **General Regulations, Sections 36(2) and (5)**
 - 14.5. review the Registrar's written report containing all material relevant to the reinstatement application; **General Regulations, Section 34(3)**
 - 14.6. review all information provided to it by the Applicant; and

- 14.7. where applicable, ensure witnesses are administered an oath or affirmation before testifying at a hearing. **General Regulations, Section 38**

Notice of Reinstatement Hearing

15. The Registrar must give public notice of a reinstatement hearing through its website, or by any alternative means the registrar considers appropriate, including notice of all the following:

- 15.1. the names of the parties to the hearing;
- 15.2. the date, time and location of the hearing;
- 15.3. the format of the hearing;
- 15.4. any request for an order to exclude the public;
- 15.5. any other information the registrar determines is necessary in the public interest. **RHPA General Regulations, Section 35(4)**

16. In a reinstatement application review before the Reinstatement Committee, the Applicant is the party that goes first while the Registrar responds.

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 118(1).

Regulated Health Professions General Regulations, NS Reg 106/2024, at sections 33 – 38.

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Reinstatement 503.0 A Parties' Rights before the Reinstatement Committee

Date First Approved: 2025/05/12**Effective Date:** 2025/05/12**Revision Date:** YYYY/MM/DD**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

"Party" – see definitions.

"Reinstatement Committee" – see definitions.

POLICY STATEMENT

1. In a hearing before the Reinstatement Committee, a Party has the right to:
 - 1.1. natural justice;
 - 1.2. be represented by legal counsel, a union representative or another representative at the Party's own expense;
 - 1.3. disclosure of any information to be provided to the Reinstatement Committee; and
 - 1.4. a reasonable opportunity to present a response and make submissions. **RHPA, Section 120(1)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 120 (1)

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Reinstatement 504.0 Evidence before the Reinstatement Committee**Date First Approved:** 2025/05/12**Effective Date:** 2025/05/12**Revision Date:** YYYY/MM/DD**Next Review Date:** 2028/05/12**Approved By:** Board

DEFINITIONS

"Party" – see definitions.

"Reinstatement Committee" – see definitions.

POLICY STATEMENT

2. The Reinstatement Committee is not bound by the rules of evidence. **General Regulations, Section 37**
3. Evidence is not admissible before the Reinstatement Committee unless, at least 10 days before the hearing, the opposing Party has been given the following:
 - 3.1. for written or documentary evidence, an opportunity to examine the evidence;
 - 3.2. for expert evidence, the expert's qualifications and a copy of the expert's written report or, where there is no written report, a written summary of the evidence; and
 - 3.3. the identity of any other witness, and a summary of the witness's anticipated evidence. **RHPA, Section 120(2)**
4. The Reinstatement Committee may extend beyond 10 days the time required for an opposing Party to be provided with evidence. **RHPA, Section 120(3)**
5. The Reinstatement Committee may, in its discretion, allow the introduction of evidence that is otherwise inadmissible and may make directions it considers necessary to ensure that a Party is not prejudiced. **RHPA, Section 120(4)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 120 (2) – (4)

Regulated Health Professions General Regulations, NS Reg 106/2024, section 37

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Reinstatement 505.0 Reinstatement Committee Decisions and Costs

Date First Approved: 2025/05/12 **Effective Date:** 2025/05/12

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Next Review Date: 2028/05/12 **Approved By:** Board

DEFINITIONS

“Applicant” – see definitions.

“Party” – see definitions.

"Reinstatement Committee" – see definitions.

POLICY STATEMENT

1. After considering all the evidence and the representations from each Party, the Reinstatement Committee must decide to accept or reject the reinstatement application. **General Regulations, Section 40**
2. If the Reinstatement Committee accepts a reinstatement application, the Committee may impose any restrictions and conditions it considers appropriate relating to the reinstatement of the Applicant’s registration and/or licence. **General Regulations, Section 40(3)**
3. The Reinstatement Committee must communicate its decision, together with reasons in writing, within ninety (90) days, or as soon as practicable, to the Applicant and the Registrar. **General Regulations, Section 40(2)**
4. The Reinstatement Committee’s decision must be published and disclosed in the manner directed by the Committee, subject to any publication bans it has imposed. **RHPA, Section 118(3); General Regulations, Section 43**
5. Factors that may be considered by the Reinstatement Committees in considering a reinstatement application include the following:
 - 5.1. the facts giving rise to the conduct that led to revocation or resignation and other conduct relevant to the Applicant’s suitability to return to practice;
 - 5.2. changes in the Applicant’s circumstances since the time of revocation or resignation;
 - 5.3. whether the Applicant has completed remedial education, or has engaged in relevant treatment;

- 5.4. the results of any independent medical or psychological assessment completed by the Applicant;
- 5.5. the success of rehabilitation, including the degree of insight into past inappropriate conduct;
- 5.6. the Applicant's current mental or physical health status and future prognosis;
- 5.7. the Applicant's attempts at restitution, if any;
- 5.8. the Applicant's current knowledge, skill and judgment;
- 5.9. the Applicant's present character – including whether they will practise safely, ethically and competently and in accordance with the law;
- 5.10. the impact of the Applicant's readmission on the reputation of the profession;
and
- 5.11. the protection of the public.

6. A decision of the Reinstatement Committee is final. **RHPA, Section 121**

Costs

- 7. Whether a reinstatement application is accepted or rejected, the Reinstatement Committee may make an order to recover costs from the Applicant, and the costs must be paid by the date specified in the order. **General Regulations, Section 42(2)**

RELATED DOCUMENTS

Regulated Health Professions Act, SNS 2023, c 15, sections 121.

Regulated Health Professions General Regulations, NS Reg 106/2024, sections 40, 42 – 43

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A

Section 6 – Practice Review Policies (600 Series)

Practice Review Policies 601.0 Blank**Date First Approved:** YYYY/MM/DD**Effective Date:** YYYY/MM/DD**Revision Date:** YYYY/MM/DD**Next Review Date:** YYYY/MM/DD**Approved By:** Board

DEFINITIONS

N/A

POLICY STATEMENT

1. When this manual was created, the Regulator had not formalized any Practice Review Process Policies.

RELATED DOCUMENTS

N/A

DOCUMENT HISTORY (Date of Reviews and Revisions, etc):

N/A



NOVA SCOTIA REGULATOR OF PARAMEDICINE

