Guidelines for Completion of MCP Provider Registration Form

All Providers	New providers and those registered previously, and subsequently terminated, must complete all *non-shaded* areas of the form.
Registration Changes	When submitting updated information, enter your provider number at the top of the form, your surname and given name, and complete only the areas where the information requires updating.
Shaded Areas	These areas are for MCP use only.

Personal Information

Surname	Enter the registrant's full surname containing each letter to block markings.
Given Name & Initial	Enter the registrant's first name and initial.
Male/Female	Check appropriate block to record registrant's gender.
Date of Birth	Enter the registrant's date of birth, in the order of year/month/day.
MINC Number	
S.I.N.	Enter the registrant's Social Insurance Number.

Professional Information

Grad Code	Enter the appropriate two digit code which can be obtained from Table 1 on page 3. This code is used to record the place of graduation that relates to the registrant's University of graduation. This refers to the basic Professional Degree and is not intended to include post graduate training resulting in specialty certification.
Grad Date	Enter the date of graduation from the University granting the basic Professional Degree. Enter the appropriate date in the order of year/month/day.
Professional Category	Enter the appropriate code which can be obtained from Table 2 on page 3. This code is used to designate the professional discipline of the registrant.
College of Physicians and Surgeons	Enter the licence number which was designated for the registrant by the Professional Board responsible.
Date of Registration with College	This is the date that the registrant achieved registration with the appropriate Professional Board. Enter the appropriate date in the order of year/month/day.
Practice Start Date	This is the date that the registrant anticipates that the actual practice of the Profession will begin and MCP claims will begin to be generated. Enter the appropriate date in the order of year/month/day.
Specialty Code	A specialty comprises an area of knowledge in addition to that for which the provider is certified by the College of Physician and Surgeons. If applicable, enter the appropriate code from Table 5 on page 4.

Practice Information

Practice Type	This indicates whether the registrant is to practice with a group or as a solo practitioner. Check appropriate block to record the practice type.
Activity Code	Enter the appropriate three digit code which can be obtained from Table 4 on page 3. This code is used to advise MCP of the nature of the practice in which the registrant will be engaging. If doing a locum tenens the attached "MCP Locum Documentation/Declaration" form must be completed

Activity Start Date	This is used to advise MCP of the date at which the designated activity is deemed to be effective. Enter the appropriate date in the order of year/month/day.
Activity Stop Date	This is the date that will mark the end of the designated activity. If known, enter the appropriate date in the order of year/month/day.
Specialty Start Date	This is the date that the specialty became effective. Enter the appropriate date in the order of year/month/day.
Specialty Stop Date	This is the date the registrant wishes recognition of the specialty to cease. Enter the appropriate date in the order of year/month/day.
Sub-Specialty Code	Enter the specialty for which certification has been granted. Code can be obtained from Table 3 on page 3.
Practice Address	This designates the address at which the registrant will normally and usually practise. Enter the address, including postal code, containing each letter to block markings.
Telephone	Enter the telephone number at which the registrant can be contacted.

Correspondence Information

Correspondence Address	All correspondence from MCP to the registrant will be sent to the practice address unless indicated otherwise by the entry of information in the "Correspondence Address" block. Correspondence will not be divided between the two addresses, but will be "all inclusive" to one address or the other.

Payment Information

To Whom Do You Assign Your MCP Payments	Self	>	If the registrant is to receive MCP payments for claims generated by the registrant check this block.
	Other	>	If any provider or institution, other than the registrant, is to receive MCP payments for claims generated by the registrant, enter the name of the provider or institution and complete the "Assignment of Payment Agreement" form on the reverse side of the Provider Registration form.
	Identity # of other	>	Enter the Identity Number of the provider or institution, other than the registrant, to whom or to which MCP payments are to be made for claims generated by the registrant. The provider or institution must be registered with MCP to receive assigned payments.
Electronic Deposit			To facilitate the electronic deposit of funds payable by MCP in response to claims submitted, the Bank Name, Branch No., Code No., and Account No., are required. This information can be found on the face of a standard cheque. Enter the appropriate bank information.
Declaration			*This should be dated and signed and the form sent to*:

<div align="center">

Department of Health and Community Services
Provider Registration, Physician Services Division
Belvedere Property
P.O. Box 8700
St. John's, Newfoundland   A1B 4J6

</div>

MCP Provider Number	When the information submitted has been verified and processed, a six digit provider number will be issued. This number will be inserted on the Provider Registration form and a copy of the form will be returned to the provider

.

TABLE 1 - GRADUATION CODES

01 = Memorial University of Newfoundland	29 = Caribbean/Central & South America - other	59 = Japan
02 = Dalhousie University		60 = Iran
03 = Université Laval	30 = United Kingdom	61 = People's Republic of China
04 = Université de Sherbrooke	31 = Ireland (Republic)	62 = Kuwait
05 = Université de Montréal	32 = Poland	63 = Sri Lanka
06 = McGill University	33 = France	64 = Thailand
07 = University of Ottawa	34 = Italy	65 = Taiwan
08 = Queen's University	35 = Romania	66 = North Korea
09 = University of Toronto	36 = Czechoslovakia	67 = South Korea
10 = McMaster University	37 = Germany	68 = Malaysia
11 = University of Western Ontario	38 = U.S.S.R.	69 = Asia - other
12 = University of Manitoba	39 = Spain	70 = Australia
13 = University of Saskatchewan	40 = Belgium	71 = New Zealand
14 = University of Alberta	41 = Hungary	72 = Iraq
15 = University of Calgary	42 = Greece	79 = Oceania - other
16 = University of British Columbia	43 = Switzerland	80 = Egypt
17 = Unknown Ontario University	44 = Yugoslavia	81 = South Africa
18 = Unknown Alberta University	45 = Sweden	82 = Libya
90 = Unknown Quebec University	46 = Croatia	83 = Nigeria
19 = Unknown University within Canada	47 = Norway	84 = Zambia
20 = U.S.A.	48 = Bosnia	85 = Zimbabwe
98 = Unknown country outside Canada & U.S.A.	49 = Europe - other	86 = Algeria
	50 = India	87 = Morocco
21 = Mexico	51 = Saudi Arabia	88 = Zaire
22 = Jamaica	52 = Lebanon	89 = Africa - other
23 = Venezuela	53 = Philippines	91 = Ghana
24 = Argentina	54 = Pakistan/Bangladesh	92 = Mali
25 = Brazil	55 = Syria	93 = Somalia
26 = Chile	56 = Israel	94 = Kenya
27 = Cuba	57 = Vietnam	95 = North America - Others Bermuda, Saint Pierre & Miquelon and Greenland
28 = Haiti	58 = Hong Kong	
		99 = Unknown

TABLE 2 - PROFESSIONAL CATEGORY

D = Dental

M = Medical

TABLE 4 - ACTIVITY CODES

001 = Private Practice
011 = Private Practice Locum
021 = FFS Temporary Non-Replacement
100 = Full Time Teaching
101 = GFT - FFS
200 = Salaried
210 = Salaried Locum
300 = Salaried Resident
301 = FFS Resident
500 = Administration

TABLE 3 – SUB-SPECIALTY CODES

010 = Cardiology	040 = Developmental Pediatrics
011 = Clinical Immunology and Allergy	041 = Pediatric Emergency Med
012 = Critical Care Medicine	042 = Neonatal–Perinatal Medicine
013 = Endocrinologist and Metabolism	043 = Pediatric–Hematology/Onc
014 = Gastroenterology	050 = Neuroradiology
015 = Geriatric Medicine	051 = Pediatric Radiology
016 = Hematology	060 = Forensic Pathology
017 = Infectious Disease	061 = Neuropathology
018 = Medical Oncology	070 = Thoraic Surgery
019 = Nephrology	071 = Vascular Surgery
020 = Palliative Medicine	072 = Colorectal Surgery
021 = Respirology	073 = Surgical Oncololgy
022 = Rheumatology	074 = Pediatric General Surgery
023 = Clinical Pharmacology	090 = Gynecologic Oncology
024 = Emergency Medicine	091 = Gynecologic Reproductive Endocrinolgy/Infertility
025 = Occupational Medicine	092 = Maternal–Fetal Medicine

TABLE 5 - PROVIDER SPECIALTY CODES

Code	Specialty	Code	Specialty
001	General Practice	044	Paediatric Endocrinologist
002	Anaesthetist	045	Paediatric Respirologist
004	Emergency Medicine Specialist	046	Paediatric Rheumatologist
006	Dermatologist	047	Paediatric Gastroenterologist
008	General Surgeon	048	Paediatric Oncologist
010	Cardiac Surgeon	049	Paediatric Nephrologist
011	Vascular Surgeon	050	Paediatric Immunologist
012	Thoracic Surgeon	051	Paediatric Haemotologist
013	Internist	052	Neonatologist
015	Cardiologist	053	Physical Medicine Specialist
016	Endocrinologist	055	Plastic Surgeon
017	Respirologist	057	Psychiatrist
018	Rheumatologist	059	Urologist
019	Gastroenterologist	061	General Dentist
020	Medical Oncologist	062	Oral Surgeon
021	Nephrologist	063	Orthodontist
022	Immunologist	064	Periodontist
023	Haemotologist	065	Pedodontist
024	Geriatric Medicine Specialist	066	Denturist
025	Medical Genetics Specialist	067	Pathologist
026	Nuclear Medicine Specialist	069	Radiologist
027	Infectious Disease Specialist	071	Optometrist
028	Neurologist	073	Dental Public Health
030	Neurosurgeon	074	Developmental Neurology
032	Gynaecologist	075	Developmental Paediatrician
034	Gynaecology Oncologist	076	Endodontist
035	Ophthalmologist	077	Radiation Oncologist
037	Orthopaedic Surgeon	080	Paediatric Surgeon
039	Otolaryngologist	081	Paediatric Internist
041	Paediatrician	082	Medical Officers of Health
043	Paediatric Cardiologist	089	Palliative Care