NOVA SCOTIA

Public Trustee Office

Application for Capacity Assessment Education Program

Pursuant to the *Adult Capacity and Decision-making Act*

Please complete and scan to PublicTrusteeHCD@novascotia.ca by April 5, 2019.

Last Name	First Name
Mailing Address	
	Postal Code
Email address	
Telephone	Alternate Phone Number

Please indicate your Professional College and Provide your License Number: _____

☐ College of Occupational Therapists of Nova Scotia	☐ Nova Scotia Board of Examiners in Psychology*
☐ College of Physicians & Surgeons of Nova Scotia*	☐ Nova Scotia College of Social Workers
☐ College of Registered Nurses of Nova Scotia	*Physicians and Psychologists are qualified capacity assessors by virtue of their professional designation but may apply for capacity assessment training.

Please provide the following information:

Are you a member in good standing with your professional college?
Current occupation:
Employer:
Employer Address:
Area of expertise:
Languages understood and spoken:
How far are you willing to travel throughout Nova Scotia to conduct a capacity assessment?
Do you have you experience writing reports for a legal purpose? If yes, please describe.

Have you considered additional professional liability insurance?
Do you currently operate a private practice?
If not, please provide a brief description of how you would set up your private practice for capacity assessments.

Please refer to the following links for the *Adult Capacity Decision-making Act* and *Regulations* in order to respond to the questions below. Your responses will provide an indication of your understanding of the legislation and assist in the screening and selection of applicants for the training program.

https://nslegislature.ca/sites/default/files/legc/statutes/adult%20capacity%20and%20decision-making.pdf

https://www.novascotia.ca/just/regulations/regs/adultcapacity.htm

Please explain why you are interested in the capacity assessment training program and describe your current level of involvement or experience in this work.

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In your own words, please describe the four guiding principles of the ACDMA.

Signature	Date