

**TO BE FILLED OUT BY HEALTH PROFESSIONAL**

I wish to join the Québec Health Insurance Plan in order to provide insured services to Québec residents during their stay in the

Province/State of \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS (NUMBER, STREET, APARTMENT) \_\_\_\_\_

CITY OR LOCALITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

LICENSING BODY (NAME AND ADDRESS) \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE YEAR MONTH DAY  
 Y M D

**TO BE FILLED OUT BY LICENSING BODY**

The above-mentioned health professional holds a valid licence to practise as a

General practitioner  Dental or oral surgeon  Optometrist  Pharmacist

Specialist

LICENCE NO. \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

Indicate the specialty or specialties. If the health professional holds more than one specialist's certificate, list the number of each one.

CERTIFICATE NO.	DATE	SPECIALTY

LIST RESTRICTIONS, IF APPLICABLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEAL OF LICENSING BODY \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICER \_\_\_\_\_ DATE YEAR MONTH DAY  
 Y M D

**HOW TO PROCEED**

- 1- The health professional completes the appropriate section and forwards this document to the licensing body of his/her province or state.
  - 2- The licensing body fills out the appropriate section and
    - affixes its seal;
    - returns the **original** to the health professional;
    - keeps a copy of the form if desired.
  - 3- The health professional sends the original document, received from the licensing body, to the following address: **Régie de l'assurance maladie du Québec**  
 C. P. 6600, succ. Terminus  
 Québec (Québec) G1K 7T3
- N.B. Receipt of the original document from the licensing body indicates that the health professional has completed his/her registration with the Régie.