



**Physician Peer Review – Newfoundland and Labrador (PPR-NL)**

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 St. John's, NL A1A 2G8  
 Telephone (709) 726-8546  
 Fax (709) 726-4725  
 Email PPRNL@cpsnl.ca

**CONSENT**

I, the undersigned, hereby consent to and authorize the College of Physicians and Surgeons of Newfoundland and Labrador to request on my behalf a temporary user ID for a College peer reviewer from eDOCSNL and/or the applicable Health Authority (RHA), for the purpose of carrying out a peer review under the College's Physician Peer Review program (PPR-NL).

I further authorize eDOCSNL and/or the applicable RHA to provide the College with the temporary account credentials to the College of Physicians and Surgeons of Newfoundland and Labrador for the purpose of carrying out a peer review under PPR-NL.

Last Name		First Name		Middle Name/Initial	
License #		Provider Mnemonic			
Title		Email			
Main Phone		Direct Phone			
Clinic Legal Name		Corporation #			
Site ID		Street Address			
City/Town		Postal Code			
Signature:		Date:			