

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

PHYSICIANSAPPLY.CA

I, Dr. _____ have applied for registration with the College of Physicians and Surgeons of Manitoba (“the College”), and have been advised:

- Physiciansapply.ca provides a service for Canadian medical regulatory authorities to provide source verification of education and training documents submitted by applicants.
- One of the requirements for registration as a member of the College is a Report from Physiciansapply.ca satisfactory to the College, and a Report issues only after the verification of all documents submitted by an applicant has been completed.
- During the source verification process, an applicant has a profile with Physiciansapply.ca which indicates the status of the verification process.
- As a general policy, the College will not finalize an application for registration unless each document submitted by the physician has the status of “reviewed and accepted” on the applicant’s Physiciansapply.ca profile.

Documentation Submitted

1. I hereby represent to the College that I have submitted to Physiciansapply.ca each of my documents for which source verification is required, namely:
 - Medical school diploma
 - Medical school transcript
 - Medical licensure/registration certificates in other jurisdictions
 - Postgraduate training certificates
 - Specialty Certificate(s) (*if applicable*)

Note: The College reserves the right to request additional documentation source verification after a review of the application.

Request for Registration

2. I hereby request that:
 - a. after the status of each of my documents on my Physiciansapply.ca profile is “reviewed and accepted”, the College issue registration to me on the basis of my representation of my credentials as set out in my application to the College, and
 - b. my registration be subject to the condition that my registration will be immediately cancelled if the source verification by Physiciansapply.ca is not satisfactory to the College.

Duration

3. This undertaking shall remain in effect until Physiciansapply.ca has provided its final Report of the source verification of my documents to the College.

Independent Legal Advice.

4. I confirm that I have been advised that I have the right to obtain independent legal advice with respect to the terms of this undertaking and confirm that this undertaking is executed by me voluntarily and for the purpose of inducing the College to issue my registration in advance of receipt of the Report by Physiciansapply.ca.

Signed by me at the _____ of _____, in the _____ of _____, this _____ day of _____ 20____.

WITNESS SIGNATURE

Dr.

WITNESS PRINT NAME