

I, _____, a Member of The College of Physicians and Surgeons of Manitoba ("the College") hereby consent to the issuance by the College of a certificate of professional conduct concerning me.

I hereby acknowledge that I am aware of the provisions of Article 20 of By-Law #1 of the College.

I understand that the College will only release the certificate of professional conduct to the authority shown below. I understand that an original certificate will not be sent to me but that I may request a copy be sent to me for my records.

Date

Signature of Member

I request that the certificate be issued directly to:*

(full name and address of licensing authority, hospital, etc.)

I hereby request that a copy of the certificate be sent to me for my records.

Address:

*The College does not issue original certificates of professional conduct directly to a member.