



DOCUMENTATION CHECKLIST FOR CONDITIONAL REGISTRATION

NOTE THAT THIS LIST CANNOT COVER ALL SITUATIONS AND SOME DOCUMENTATION MAY NOT BE APPLICABLE IN YOUR PARTICULAR SITUATION

THE TERMS OF THE LEGISLATION GOVERNING THE REGISTRATION REQUIREMENTS PREVAIL

Check off enclosed items:

- completed application form. Ensure that you answer all questions and provide the names and complete mailing addresses of three referees.
- complete curriculum vitae with inclusive dates (dd/mm/yyyy) - do not leave any gaps in dates.
- notarized copy of medical diploma (see note 1 on reverse)
- notarized copy of postgraduate clinical training acceptable to the College (see note 1 on reverse)
- notarized copy of Medical Council of Canada examination(s) results
- notarized copy of additional degrees, diplomas, certificates, or fellowships (see note 1 on reverse)
- notarized copy of specialty qualification(s) (see note 2 on reverse)
- non-refundable documentation fee \$275 (personal cheque, money order, credit card)
- consent to release information (see note 3 on reverse)
- criminal record check forms. A Criminal Record Check must be provided to the College of Physicians and Surgeons of Manitoba. You may attend at a local RCMP detachment or your local law enforcement agency. **You must ensure that the Check contains a Vulnerable Sector Search.** Once the check has been completed, you must send the original to the College offices.
- criminal record check undertaking. All applicants must sign and return the undertaking which is required pending receipt of the criminal record check referred to above.
- Document verification undertaking (see note 1 on reverse)
- if applicable, a NRSAP application (see note 4 on reverse)
- Medical Identification Number for Canada (MINC) Consent Form
- CAPER Consent Form (applicable to international medical graduates only)

THE COLLEGE RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION AS MAY BE REQUIRED AFTER A REVIEW OF THE APPLICATION

Have you?

- requested evidence of good standing to be sent directly to our office (see note 5 on reverse)
Indicate on the line below the date requested and name(s) of licensing authority(s)/university(s).

- if applying for general practice, requested your employers from the previous 5 years to provide letters confirming your dates and type of practice (see note 6 on reverse)
- if applicable, submitted the Certification of Medical School Graduation (see note 1 on reverse)
Indicate on the line below the date submitted and name of university.

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

NOTES:

1. The College of Physicians & Surgeons has used the services of the Educational Commission for Foreign Medical Graduates International Credentials Services (EICS) for document verification for graduates of medical schools outside Canada or the United States. As of 31 December 2009, the College will be using the Physicians Credentials Registry of Canada (PCRC) for document verification. Applications received after that date will require document verification through PCRC.

If you are already registered with PCRC, you do not need to register with EICS. Ensure that you update the PCRC Document Sharing section to enable our College to view your profile (refer to "Document Sharing" in the PCRC Online User Guide for instructions).

If you are already registered with the Educational Commission for Foreign Medical Graduates International Credentials Service (EICS), request that a report be submitted to the College offices.

For physicians who graduated from a medical school in Canada or the United States, verification is not required. However, you must submit the form Certification of Medical School of Graduation to the university of graduation.

2. For non-Canadian/US trainees: The highest qualification in a specialty field where the length of training is of equal duration to that required by the Royal College of Physicians & Surgeons of Canada, which would entitle the physician to obtain a licence limited to the specialty training field.

If you do not hold a specialty qualification from your country of training but have been practising in a specialty field, evidence of two years of postgraduate clinical training acceptable to the College which meets the requirements as outlined in the enclosed Appendix A and a postgraduate training program acceptable to the College which would entitle the physician to obtain a licence limited to the specialty training field is required.

3. Applicants who have not been in contact with a specific employer or third party requesting information regarding the status of an application may submit the consent at a later date.

4. Physicians will be required to satisfactorily complete an assessment which has a clinical component.

For those seeking registration in primary care (general practice), satisfactory completion of the International Medical Graduates Assessment for Conditional Licensure (IMGACL) is required. Information is available on the University of Manitoba website: www.umanitoba.ca/faculties/medicine/education/imgp/index.html.

For those seeking registration in a specialty field of practice, satisfactory completion of the Non-Registered Specialist Assessment Program (NRSAP) is required (see information package and application for NRSAP).

The IMGACL and NRSAP are conducted under the auspices of the Office of Continuing Medical Education, University of Manitoba. The College only refers applicants if the individual has completed all the documentation requirements and otherwise meets the requirements for conditional registration. The Office of Continuing Medical Education will only accept applicants for an assessment who have been referred from the College. Neither the College nor the University is responsible for the costs of the assessment which should be discussed with the prospective employer.

5. Evidence of good standing of recent date is required from any and all licensing authority(s) as outlined in the Notice to Applicants. If you were a medical student and/or in a training program/residency and were not required to be licensed with the licensing authority of that jurisdiction, evidence of good standing must be received from the university stating you were not required to be licensed with the licensing authority while you were a medical student/resident in training and that there were no past, pending or present disciplinary action(s) against you.

6. For those applying in general practice **who have not completed two years of postgraduate clinical training acceptable to the College as per Appendix A**, evidence of satisfactory completion of one year of postgraduate clinical training acceptable to the College and three years of general practice in the preceding five years is required. Evidence of three years of general practice must be received in the form of letters from employers (sent directly from the employer to our office) stating the dates that you were employed (i.e. from 1 June 2000 to 15 February 2003 - dates must include day, month and year) and a detailed outline of the type of practice. The letter(s) must be specific with respect to the type of general practice, i.e. did the practice include obstetrics (deliveries), paediatrics, neonates, geriatrics, general internal medicine, general surgery, minor office surgery, etc. If you were in private practice, a letter from a partner (if applicable) or a consultant may be acceptable. If you worked in an emergency department, the letter must include information on the volume of patients, breakdown of admissions and number of beds.

PLEASE CONTACT THE COLLEGE DIRECTLY IF YOU REQUIRE CLARIFICATION ON ANY OF THE ITEMS OR IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PROCESS