



DOCUMENTATION CHECKLIST FOR FULL 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)
- evidence 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)
- non-refundable documentation fee \$175 (personal cheque, money order, credit card).
- consent to release information (see note 2 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)
- 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 3 on reverse)
Indicate on the line below the date requested and name(s) of licensing authority(s)/university(s).

- 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. 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.

3. 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.

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