

MEDICAL COUNCIL OF CANADA CERTIFIED IDENTITY CONFIRMATION

Candidate: I, the undersigned, hereby certify under oath that I am the person named in this Certified Identity Confirmation document and that the photograph attached hereto is a photograph of me which was taken within six (6) months of the date of submission of this Certified Identity Confirmation document. I acknowledge that this Certified Identity Confirmation document shall expire and cease to be valid five years following the date of its acceptance by MCC.

Candidate's current legal names (in order): _____

Date of birth (yyyy/mm/dd): 19____ / ____ / ____

Certifying Official: I certify that, on the date set forth below, the individual named on this form did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the valid government-issued identifying document(s) presented by the individual and with the photograph affixed hereto, and (b) comparing the individual's signatures made in my presence on this form with the signature on his/her valid government-issued identifying document(s). The statements in this document are subscribed and sworn before me by the individual on

this _____ day, in the month of _____, in the year 20____.

Certifying Official:

In my capacity as: _____

At: _____

Name: _____

Signature: _____

Telephone: _____

E-mail: _____

As the **certifying official**, your seal, stamp or signature must cover a portion of the photograph and of the form to the left or right of the photograph.

NOTE: Once completed, this form represents a legal document confirming identity. Any corrections made to the information entered above **must** be initialed by the certifying official.

Candidate photo to be certified:

Firmly attach one photograph here. See below for photograph requirements.

Candidate's signature

Candidate: Please attach a **second identical photograph**, which will be scanned by the MCC and used for examination and/or source verification request purposes, as applicable.

MCC Candidate Code (if applicable): _____

PCRC ID Number (if applicable): _____

Photograph Requirements:

- Must be current, i.e. taken within the past six (6) months.
- Must be colour (black and white photos are not accepted).
- Must be passport-size, i.e. 50 mm (2 inches) wide by 70 mm (2 3/4 inches) long.
- Must be passport-quality, i.e. full-face and very clear with contrasting background. Scanned photographs are not passport-quality and therefore not acceptable.
- Must be an original, i.e. not taken from an existing photo.

Candidate photo (not certified):

Attach a second **identical photograph** here with **one** piece of scotch tape along the top edge. Do not tape over the face.

Candidate's signature