

**MEDICAL COUNCIL OF CANADA  
CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION**

All candidates submitting a Source Verification Request (“**SVR**”) are required to complete and sign this Medical Council of Canada (“**MCC**”) Consent to Release of Information for Credentials Verification (“**Consent**”) with each SVR.

**Verification of credentials:** I hereby authorize MCC to submit any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in [MCC’s Privacy Policy](#) (in this Consent “**personal information**”), to the Educational Commission for Foreign Medical Graduates International Credentials Services (“**ECFMG/EICS**”) for the purpose of verification and/or source verification in respect of my SVR. I also authorize ECFMG/EICS to retain such information in ECFMG/EICS’s database solely for the purposes of (a) addressing any further requests from MCC for verification and/or source verification in respect of my SVR; (b) responding to any request sent to ECFMG/EICS from an authority other than MCC, as authorized by me, or directly from me, to verify and/or source verify my credentials; and (c) internally accessing those portions of the data which are not personal information in order to verify credentials of other persons from time to time.

I authorize every person, institution, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release information, records, transcripts, and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to MCC or ECFMG/EICS directly at 3624 Market Street, Philadelphia, PA 19104, U.S.A. For greater certainty, any of my information, documents or records already in MCC’s possession, including personal information, may be used by MCC for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG/EICS, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG/EICS and that MCC and ECFMG/EICS will not accept such information, records or documents forwarded by me.

ECFMG/EICS, a company incorporated in the United States, is subject to the USA Patriot Act. Under the terms of the USA Patriot Act, ECFMG/EICS could be required to provide access to MCC candidate information and documentation, which are submitted by MCC to them, as requested by one or more of the governmental authorities granted rights under the USA Patriot Act. Furthermore, under the USA Patriot Act, ECFMG/EICS would be prohibited from disclosing that such access had been provided.

**Immunity and Release:** I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG/EICS and MCC and their respective employees, agents, representatives, members, directors and officers;
- (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent, and their respective employees, agents, representatives, members, directors and officers; and
- (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers,

(collectively known as the “**MCC Group**”), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

A photocopy or facsimile of this Consent form shall be as valid as the original and shall be valid from the date signed.

\_\_\_\_\_  
Print or type current legal name (given name(s) and family name)

\_\_\_\_\_  
Current date (yyyy/mm/dd)

\_\_\_\_\_  
Signature