

SERVICE REQUEST FORM INSTRUCTIONS

IMPORTANT

- Please allow a minimum of 10 business days for processing your request.
- Once your request has been processed and issued, we will notify you through your **physiciansapply.ca** account or by email.
- If there are any specific requirements or special instructions, please indicate them in a signed letter that you include with this request.
- Please note that the language of the Result Letter(s) cannot be changed.
- If you are requesting documents on behalf of a physician, you must include a signed letter from the physician authorizing this request.

Please note that the MCC reserves the right to request supplemental documents such as a Certified Identity Confirmation form and a certified identification document, if needed. Candidates assume applicable certification costs.

COURIER OPTION ▶ FOR DELIVERY OF REQUESTED DOCUMENTS

- We strongly suggest you use a courier service (e.g., Purolator) to deliver your requested documents.
- Documents sent by courier can be tracked. This is especially important for time sensitive requests.
- The MCC is ***not responsible*** for documents sent by ***regular post***.
- The fee schedule for courier service is as follows:

Canada	Provinces	\$ 32
	Territories	\$ 37
U.S.		\$ 63
International		\$ 143

**** Please include the courier fee in your payment on the attached Credit Card Authorization form***



SERVICE REQUEST FORM

MCC Candidate Code or LMCC Number:			
Surname		Given Name(s)	
Date of Birth (yyyy/mm/dd)	Email		Telephone

REQUESTS – \$104 PER DOCUMENT	
<input type="checkbox"/> Certified Statement of Registration (scores included) – <i>Applies only if you have obtained the LMCC</i> <input type="checkbox"/> Certified Transcript of Examinations (scores included) – <i>Applies if you have passed the MCCQE Part I only</i> <input type="checkbox"/> Certified Confirmation Letter (scores not included) <input type="checkbox"/> Certified copy of Result Letter(s) (Language cannot be changed) <i>Not available if you became registered as a Licentiate prior to 1998. In this case, please select Certified Statement of Registration or Certified Confirmation Letter.</i>	
<input type="checkbox"/> MCCEE <input type="checkbox"/> MCCQE Part I <input type="checkbox"/> MCCQE Part II <input type="checkbox"/> Clinical skills component in family medicine <input type="checkbox"/> NAC examination (most recent result)	
<i>Do you wish to include with your Result Letter(s), at no additional cost, the Supplementary Feedback Report (if available)?</i>	
} <input type="checkbox"/> YES <input type="checkbox"/> NO	

DOCUMENTS SHOULD BE SENT TO THE FOLLOWING ADDRESS:		
Name*		Email*
Room or suite number* (required for hospital and university addresses)	Street number* (PO Boxes NOT acceptable for courier)	Street name*
City*		Province/State
Country*	Postal/Zip Code	Telephone of recipient*

PAYMENT CHECKLIST	<input checked="" type="checkbox"/> Document fees	\$	TOTAL	\$
	<input checked="" type="checkbox"/> Courier fee	\$		

* Signature	* Date (yyyy/mm/dd)

* Required

CREDIT CARD AUTHORIZATION FORM

Complete in BLACK INK only and submit this form for all credit card payments that cannot be submitted through your physiciansapply.ca account.

Please note: Credit card payments will be processed in Canadian funds only.

Surname	Given Names
MCC Candidate Code (if available)	

Reason for payment – Fee related to:

- Evaluating Examination (MCCEE)
- Qualifying Examination Part I (MCCQE I)
- Qualifying Examination Part II (MCCQE II)
- National Assessment Collaboration (NAC) examination
- Clinical skills component in family medicine
- Other Fee (please explain): _____

*** As a cardholder, I authorize the Medical Council of Canada**

to charge my card in the amount of

Credit Card Type: VISA or MasterCard acceptable ONLY **VISA** **MasterCard**

Credit Card Number:

Expiry Date:

CVV Number: *

_____/_____/_____/_____ ____/____
month / year

** The three-digit CVV number is printed on the signature panel on the back of the card*

Cardholder must print and sign his/her name below:	
*Name of cardholder: <i>(please print)</i>	
*Signature of cardholder:	
*Address of cardholder: <i>(if different from candidate's address)</i>	

* Required