


MCCEE EXEMPTION REQUEST FORM

Please Note:

The **ONLY** possibility for an international medical graduate (IMG), or a graduate from an AOA-accredited U.S. school of osteopathic medicine, to obtain an exemption from the Medical Council Of Canada Evaluating Examination (MCCEE) is in the case of a specialist certified by a member board of the American Board of Medical Specialties (ABMS) **AND/OR** by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

MCC Candidate Code (if available):		
Surname		Given Name(s)
Date of Birth (yyyy/mm/dd)	Email	Telephone
American or Canadian Certification (as described above and on the MCC website)		
<input type="checkbox"/> American Board of Medical Specialties Certification Name of Specialty Board:		OR
		Canadian Certification <input type="checkbox"/> RCPSC <input type="checkbox"/> CFPC
Period of Validity of Certification (start and end dates, if applicable)		
Primary Medical Qualification		
Name of University		City
Name of Medical School or College (if applicable)		Country
Degree Title	Graduation Date (yyyy/mm/dd)	Diploma Issue Date (yyyy/mm/dd)
<input type="checkbox"/> I enclose a copy of my original certificate (checked above)		
 _____ * Applicant Signature		_____ * Date (yyyy/mm/dd)

* Required

Payment
<input type="checkbox"/> I enclose a payment of \$104 (administration fee). * Payment must be made by credit card (Visa or MasterCard only) using the included Credit Card Authorization Form on page 4.

REQUEST FOR EXEMPTION from the MEDICAL COUNCIL OF CANADA EVALUATING EXAMINATION – TERMS AND CONDITIONS and CONSENT TO RELEASE OF INFORMATION

All applicants requesting an exemption from the Medical Council of Canada (“MCC”) Evaluating Examination (“EE”) are required to accept these Terms and Conditions and Consent to Release of Information for requesting an exemption from the MCC EE (“EE Exemption Terms and Conditions”) when submitting their EE exemption request.

Consent: I hereby consent to MCC’s collection, use, and disclosure of my personal information as defined in MCC’s Privacy Policy (at mcc.ca) (“personal information”) for the purposes of the EE exemption request as described in these EE Exemption Terms and Conditions and in accordance with MCC’s Privacy Policy (at mcc.ca). I understand that all MCC staff may have access to my personal information, including any and all medical credentials and documentation including personal information submitted by or in respect of me in support of any previous MCC examination applications and/or source verification requests, where they have a need to know for the purpose of processing my EE exemption request.

Collection of Information by MCC: I understand that it may be necessary for MCC to collect information about me for the purpose of processing my EE exemption request, including verification of credentials. Therefore, I authorize every person, institution, licensing, regulatory, educational, training, resident matching service, and credentials verification authority of any province, state, or country in which I hold or may have held a license to practice my profession, government agency (local, provincial, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, having custody or control of any information pertaining to me to furnish to MCC, or the Educational Commission for Foreign Medical Graduates International Credentials Services (“ECFMG/EICS”) as an agent of MCC, if applicable, any such information.

Disclosure of Information by MCC: I authorize MCC to disclose any information contained in or in support of my EE exemption request to the following organizations:

- Certification organizations, including the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, and the Collège des médecins du Québec;
- The Canadian Resident Matching Service;
- Each of the Canadian provincial and territorial medical regulatory authorities; or
- Any other licensing, regulatory, educational, training, resident matching service, credentials verification authority, hospital, clinic, and other medical facility or organization that utilize the services of physicians or other third parties and organizations, and their representatives

where MCC is of the opinion that the organization has a legitimate interest in such information.

Where required, MCC may seek specific authorization to disclose my personal information to organizations not included in the list above.

Verification of Credentials: All applicants must have their credentials verified and approved by MCC as an eligibility requirement for the MCC examinations, including an exemption from the EE. I hereby authorize MCC to consult with any educational and licensing authorities in verification of my medical qualifications.


Authenticity of Personal Information and/or Educational Documents: I agree that (i) if any of my information submitted to MCC, including information in my EE exemption request and documents in support of my request including my credentials, is determined or believed by MCC not to be authentic or to be false, fraudulent or otherwise deceptive, or (ii) if any such information related to MCC submitted to other agencies is determined or believed by them or MCC not to be authentic or to be false, fraudulent or otherwise deceptive, such fact will be sufficient cause for MCC to invalidate the EE exemption if granted.

Consequences of False/Fraudulent Documentation and/or Irregular Behaviour: In the event (i) that any of my information submitted to MCC including personal information in any documents in support of my EE exemption request, including my credentials, is determined or believed by MCC not to be authentic or to be false, fraudulent or otherwise deceptive, or (ii) that any such information related to MCC submitted to other agencies is determined or believed by them or MCC not to be authentic or to be false, fraudulent or otherwise deceptive, or (iii) of any irregular behaviour, MCC may take appropriate action as it sees fit, including, but not limited to:

- Invalidating the EE exemption if granted;
- Removing any documents confirming my exemption from the EE from the MCC Physician Credentials Repository (“Repository”), and notifying any organizations with whom the EE exemption information and/or documents may have been shared;
- Barring me from future MCC and/or NAC examinations; and
- Notifying licensing, regulatory, educational, training, resident matching services, credentials verification authorities, hospitals,

Agreement page 1

(continued on pages 2)

<hr/> Name of applicant (please print)	
	<hr/>
* Signature	* Date (yyyy/mm/dd)

REQUEST FOR EXEMPTION from the MEDICAL COUNCIL OF CANADA EVALUATING EXAMINATION – TERMS AND CONDITIONS and CONSENT TO RELEASE OF INFORMATION

- clinics and other medical facilities and organizations that utilize the services of physicians, government agencies (local, state, provincial, federal or foreign), law enforcement agencies or other third parties and organizations, and their representatives, who in the opinion of MCC have a legitimate interest in such information. I acknowledge that this notification or disclosure of information may occur regardless of whether or not I have withdrawn my consent to any other uses or disclosures of my information by MCC.

Erroneous Notification/Reporting: I agree that, should MCC release any notice or document giving the status of my EE exemption in error, the notice or document is invalid. I understand that MCC may remove from the Repository any notice or document giving the status of my EE exemption in error and will notify any organizations with whom the relevant documents are or have been shared.

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

- (1) MCC and its 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 these EE Exemption Terms and Conditions, 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.

Limitation of Liability: MCC’s liability for damages under these EE Exemption Terms and Conditions or in connection with the EE exemption process whether arising in contract (including fundamental breach), tort (including negligence), or otherwise, even if MCC has been advised of the possibility of such damages, shall not exceed the amount of the fees for the EE exemption request paid by the candidate. In no event shall MCC be liable for any indirect, incidental or consequential damages of any kind regardless of the cause and whether arising in contract (including fundamental breach), tort (including negligence), or otherwise, even if MCC has been advised of the possibility of such damages.

Online Services: I accept that, as a registered user of the physiciansapply.ca online services (“online services”), the MCC Terms of Use, as indicated on the MCC website (mcc.ca), shall apply to the online services. Any communication submitted by me through my physiciansapply.ca online account shall have the same force as if submitted in original or fax form.

MINC#NIMC: Medical Identification Number for Canada Corporation/La Corporation du numéro d’identification médicale du Canada (“MINC#NIMC”) - MCC is a licensed user of MINC#NIMC. MCC is hereby authorized and directed to transmit my core information (e.g., name(s), gender, date of birth, country of birth, and year and university of graduation; previous names if applicable and other identifiers if necessary to confirm identity may also be submitted) to MINC#NIMC for the purpose of having a MINC#NIMC number issued, or to confirm a MINC#NIMC number previously issued with MINC#NIMC or other licensed user of MINC#NIMC, in accordance with the MINC#NIMC’s Privacy Code. Additional information on MINC#NIMC: mcc.ca/examinations/minc

Canadian Post-MD Education Registry (“CAPER”): MCC is a member organization of CAPER. MCC is hereby authorized and directed to transmit to CAPER core personal information (e.g., MINC#NIMC number, name(s) used by the MCC, date of birth, gender, year and university of graduation, country of birth, citizenship, passed MCC examinations) for the sole purpose of compiling national data concerning post-M.D. training in Canada and evaluation and licensure of International Medical Graduates. If I wish to opt out from this sharing of data with CAPER, I will notify MCC in writing of my wishes. Additional information on CAPER: mcc.ca/examinations/caper

Amending of the Present Terms and Conditions: I understand that the MCC has the right to unilaterally amend these EE Exemption Terms and Conditions.

Acknowledgement and Certification: I acknowledge that I have read and understand the applicable MCC policies and these EE Exemption Terms and Conditions, including the provisions relating to the MCC’s Privacy Policy, MINC#NIMC and CAPER, as outlined above and on the current MCC website (mcc.ca) and hereby agree to abide by the EE Exemption Terms and Conditions. I hereby certify that I am the person referenced in the EE exemption request and in all documents, instruments, writings and credentials submitted, referenced or relied upon as part of my EE exemption request and that all statements I have made or shall make on or in connection with the request are or will be true.

Agreement page 2

(signature box MUST be completed on both pages)

<hr/> <p>Name of applicant (please print)</p>	
<hr/> <p>x</p> <p>* Signature</p>	<hr/> <p>* Date (yyyy/mm/dd)</p>

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