

MCCQE Part II ATTESTATION FORM

THIS FORM IS TO BE COMPLETED FOR INTERNATIONAL MEDICAL GRADUATE APPLICANTS for whom a year or more of pre-diploma postgraduate clinical medical training (e.g., compulsory rotating internship) is required to be completed **BEFORE** the medical degree diploma is awarded. This training would occur **AFTER** the academic requirements and clerkship training have been completed. The pre-diploma training must be comparable to a first-year postgraduate residency training program in Canada where the trainee has the direct responsibility for patient care and treatment above and beyond that assigned to a clinical clerk.

The **original** of this completed form must be submitted (a photocopy will not be accepted) along with a copy of the **full medical school transcript** and translation if applicable.

PLEASE PRINT CLEARLY
THIS IS TO CERTIFY THAT

Student's Given Name(s) Surname

has completed all requirements for the medical degree on: _____ . His/her final medical
yyyy/mm/dd

diploma was issued on _____ , after a compulsory period of postgraduate training (PGT).
yyyy/mm/dd

This training was completed from _____ to _____ .
yyyy/mm/dd yyyy/mm/dd

Details of postgraduate training:

Hospital/Teaching Institution	City/Country	from year/month/day	to year/month/day	Program/Discipline
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____
_____	_____	from	to	_____

If you need more space for completing the details of your postgraduate training, please print another form to add more information. The second form **MUST** also be **SIGNED** and **SEALED**. Also, any supporting documentation that provides a more in-depth description of the training program and/or a curriculum outline for the degree and diploma may be useful.

Certified by: _____
Signature of **Dean** or Person responsible for the PGT Program Name (print)

Title: _____
Name of Medical School or Institution

City/Country: _____

Date: year _____ month _____ day _____