

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 provide 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 (“**ECFMG**”) for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information in ECFMG’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 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, medical school, university, 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 any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA 19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used 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, 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 and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

Immunity and Release:

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

- (1) ECFMG 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,

(the persons and entities in items (1) through (3) are 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.

Current legal name (given name(s) and surname) (print)

Date (yyyy/mm/dd)

Signature