

**SERVICE REQUEST FORM  
for REPLACEMENT OF LMCC DOCUMENTS  
INSTRUCTIONS**

**IMPORTANT**

- Please complete and submit this form by mail to the above address
- Upon receipt of your form, we will apply a fee to your [physiciansapply.ca](http://physiciansapply.ca) account
- You must pay this fee through your account before we can process your request.
- Please note that your request will be cancelled if payment is not received within 10 business days.
- Once you made your payment, please allow at least 10 business days for us to process your request
- After your request is processed, we will notify you through your account
- If you do not have a [physiciansapply.ca](http://physiciansapply.ca) account, please send us an email at [service@mcc.ca](mailto:service@mcc.ca) to help you create one
- Requests and payments from a third party will not be accepted.

***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 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:

|                      |             |               |
|----------------------|-------------|---------------|
| <b>Canada</b>        | Provinces   | <b>\$ 33</b>  |
|                      | Territories | <b>\$ 38</b>  |
| <b>U.S.</b>          |             | <b>\$ 64</b>  |
| <b>International</b> |             | <b>\$ 146</b> |

***\* Please include the courier fee in the payment checklist on the next page.***

## SERVICE REQUEST FORM for REPLACEMENT OF LMCC DOCUMENTS


|   |               |           |
|---|---------------|-----------|
| <b>MCC Candidate Code or LMCC Number:</b> |               |           |
| Surname                                   | Given Name(s) |           |
| Date of Birth (yyyy/mm/dd)                | Email address | Telephone |

|   |                        |
|---|------------------------|
| <b>Replacement of LMCC documents</b>  | <b>Fee: \$106 each</b> |
| <p>1. Which document are you requesting?<br/> <b>*Please note: You must select BOTH if due to a NAME CHANGE.</b></p> <p><input type="checkbox"/> <b>Replacement of the Certificate of Registration</b> (wallet-sized card)<br/> <i>For additional requirements: <a href="http://mcc.ca/services/replace-lmcc">mcc.ca/services/replace-lmcc</a></i></p> <p><input type="checkbox"/> <b>Replacement of the Testamur</b> (wall-hanging certificate)<br/> <i>For additional requirements: <a href="http://mcc.ca/services/replace-lmcc">mcc.ca/services/replace-lmcc</a></i></p> <p>2. Check one of the following:</p> <p><input type="checkbox"/> <b>I am returning the original LMCC documents to the MCC with my request package</b></p> <p><b>OR</b></p> <p><input type="checkbox"/> <b>I do not have my original LMCC documents and I am providing a statutory declaration (i.e., affidavit) certified by a lawyer or a notary public stating:</b></p> <p>1. The reason why I do not have my original LMCC documents (e.g., documents lost, stolen, destroyed, etc.).</p> <p>2. If the original Certificate of Registration and/or Testamur is/are subsequently located, the original(s) will be returned to the MCC office.</p> |                        |

|  |  |                         |
|--|--|-------------------------|
| <b>Documents should be sent to the following address:</b>              |  |                         |
| 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* |

\* Required

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

|  |                            |
|--|----------------------------|
|  <p>* Signature</p> | <p>* Date (yyyy/mm/dd)</p> |
|--|----------------------------|

\* Required