

SERVICE REQUEST FORM INSTRUCTIONS

IMPORTANT

- Please complete and submit this form via email at service@mcc.ca
- Upon receipt of your form, we will apply a fee to your 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 account, please send us an email at service@mcc.ca to help you create one
- If you have specific requirements, please send, with this request, a description of these requirements in a signed letter
- Please note that the language of the Result Letter(s) cannot be changed.
- Requests and payments from an organization on behalf of physicians 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:

Canada	Provinces	\$ 33
	Territories	\$ 38
U.S.		\$ 64
International		\$ 146

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



SERVICE REQUEST FORM

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

REQUESTS – \$106 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 CAN BE SENT TO YOURSELF OR ANOTHER ORGANIZATION. PLEASE SPECIFY THE ADDRESS WHERE THE DOCUMENTS SHOULD BE SENT.		
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