



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

## PRACTICE TEST PORTAL ORGANIZATION APPLICATION FORM

The information provided will be used to create your organization profile within the Medical Council of Canada (MCC) Practice Test Portal. Complete the following and send it to [practicetests@mcc.ca](mailto:practicetests@mcc.ca).

### Organization information

Organization name			
Website address			
Mailing address			
<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> Registered charity	Charitable registration number/ Business number	
<input type="checkbox"/> Educational institution			

### Organization representative information

Representative's surname			
Representative's given name(s)			
Preferred language	<input type="checkbox"/> English	<input type="checkbox"/> French	
Email address			
Telephone number			
Has the organization authorized the representative to purchase MCC Practice Tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> To be confirmed		

### Application details

Intended use of MCC Practice Tests	<input type="checkbox"/> MCC examination preparation
	<input type="checkbox"/> Other, specify:
Projected number of purchased Practice Tests in the next 12 months	

### Billing Information

Invoice / billing contact email	
Billing address	
<input type="checkbox"/> Same as mailing address	
Billing contact name (surname, given)	
Billing contact telephone	
Billing contact email	

Thank you for completing this form. Your organization's application will be reviewed by the MCC and the status of your application will be determined within 30 days of submission. A representative from the MCC may contact you during the review of this application.