

# Request for replacement of LMCC documents

## Instructions

### IMPORTANT

- Complete and submit this form by mail to the above address.
- Upon receipt of your form, a fee will be applied to your physiciansapply.ca account.
  - If you do not have a physiciansapply.ca account, email [Services](#) for help to create one.
  - Requests and payments from a third party will not be accepted.
- You must pay this fee through your account before your request can be processed.
- Your request will be cancelled if payment is not received within 10 business days.
- Once the fee is paid, allow a minimum of 10 business day for the processing of your request.
- Once your request is completed, you will be notified through your account.

***NOTE: The Medical Council of Canada (MCC) reserves the right to request supplemental documents such as a certified identity document, if needed. Candidates assume all applicable certification costs.***

### Courier option for delivery of requested documents

- You are strongly encouraged to 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>	<b>PROVINCES</b>	<b>\$45</b>
	<b>TERRITORIES</b>	<b>\$50</b>
<b>U.S.</b>		<b>\$80</b>
<b>INTERNATIONAL</b>		<b>\$180</b>

***The courier fee must be included in the payment checklist on the next page.***

Name (as registered in your account):

SURNAME

GIVEN NAME(S)

Date of birth \_\_\_\_\_  
YYYY / MM / DD

MCC Candidate Code  
or LMCC Number \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

## Replacement of LMCC documents | Fee: \$136 each

1. Which document are you requesting? **NOTE: Check BOTH if due to a NAME CHANGE.**

- ☐ **Replacement of the Certificate of Registration** (wallet-sized card)
- ☐ **Replacement of the Testamur** (wall-hanging certificate)

2. Check one of the following:

☐ **I am returning the original LMCC documents to the MCC with my request package.**

OR

☐ **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:**

- a. The reason why I do not have my original LMCC documents (e.g., documents lost, stolen, destroyed, etc.).
- b. If the original Certificate of Registration and/or Testamur is/are subsequently located, the original(s) will be returned to the MCC office.

For additional information, consult [Replacing your LMCC documents](#).

## Documents should be sent to the following address:

NAME _____		EMAIL _____
ROOM OR SUITE No. <small>REQUIRED FOR HOSPITAL &amp; UNIVERSITY ADDRESSES</small>	STREET No. <small>PO BOXES NOT ACCEPTABLE FOR COURIER</small>	STREET NAME _____
CITY _____	PROVINCE/TERRITORY/STATE _____	
COUNTRY _____	POSTAL/ZIP CODE _____	TELEPHONE OF RECIPIENT _____

## Payment checklist

<input checked="" type="checkbox"/>	<b>DOCUMENT FEES</b>	\$
<input checked="" type="checkbox"/>	<b>COURIER FEE</b>	\$

**TOTAL \$**

**X**

SIGNATURE

DATE \_\_\_\_\_ YYYY / MM / DD