

## REQUEST 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.***

## REQUEST 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?  <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)  <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)  <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>	\$

 _____ * Signature	_____ * Date (yyyy/mm/dd)
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\* Required