

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 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, 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
- 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:

Canada	Provinces	\$ 45
	Territories	\$ 50
U.S.		\$ 80
International		\$ 180

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

REQUEST FOR REPLACEMENT OF LMCC DOCUMENTS


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

Replacement of LMCC documents Fee: \$129 each
<p>1. Which document are you requesting? *Please note: You must select BOTH if due to a NAME CHANGE.</p> <p><input type="checkbox"/> Replacement of the Certificate of Registration (wallet-sized card) <i>For additional requirements, consult the Replacing your LMCC documents webpage.</i></p> <p><input type="checkbox"/> Replacement of the Testamur (wall-hanging certificate) <i>For additional requirements, consult the Replacing your LMCC documents webpage.</i></p> <p>2. Check one of the following:</p> <p><input type="checkbox"/> I am returning the original LMCC documents to the MCC with my request package</p> <p>OR</p> <p><input type="checkbox"/> 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:</p> <ol style="list-style-type: none"> 1. The reason why I do not have my original LMCC documents (e.g., documents lost, stolen, destroyed, etc.). 2. If the original Certificate of Registration and/or Testamur is/are subsequently located, the original(s) will be returned to the MCC office.

Documents should be sent to the following address:		
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

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

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