

Request for duplicate or replacement documents

Roya	l College I.D. N	o.: Name:				
Orde	er and payment					
	Documents	Please indicate specialty(ies) and/or	subspecialty(ies)	Amount	Quantity	Total
	Specialty Certificate	Specialty(ies):		\$50.00		
	Subspecialty Certificate	Subspecialty(ies):	Subspecialty(ies):			
	Attestation Certificate	Subspecialty by accreditation:		\$50.00		
	Diplomate/ Affiliate	AFC or SEAP subspecialty(ies):		\$50.00		
	Fellowship	Division:		\$50.00		
	Diploma	Medicine or Surgery		\$50.00		
				TOTAL		
	Method of Payment Cheque (Make cheque payable to: Royal College of Physicians and Credit card Mastercard Visa Amex Number Credit Card Authorization – one-time use Expiration Signature			ons of Canada)		
	lailing Address				Account no. (fo	or office use): 502
3usir	ness 🗖	Residence □				
Stree	reet no. and name			Apt. no. or suite		
City		Province/State Po	stal Code	Coun	try	_
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Please print and send by mail, email or fax.

Royal College Services Centre Royal College of Physicians and Surgeons of Canada 774 Echo Drive, Ottawa ON (Canada) K1S 5N8 Telephone: 1-800-461-9598 or 613-730-6243

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Email: membership@royalcollege.ca