

### Instructions and Important Information

1. Before completing this application form, save it to your desktop.
2. Close the application and open it from your desktop.
3. Complete all required fields in the application and click 'save'.
4. Print the application and provide yours and a witness signature on the release of information form.
5. Scan and attach this application form and other relevant documents and send to the Royal College by e-mail.
6. All applicants **MUST** attached a separate document to the e-mail which provides details of their training rotations.

**If deemed eligible**, you will be provided with 3 consecutive years of eligibility to the examination, beginning with the examination year applied for.

**Deferrals** will only be granted in exceptional situations. Please refer to section 5.11 of the [Policies and Procedures for Certification and Fellowship](#) for additional information.

**Renewal Clause:** *Please refer to section 5.8 of the [Policies and Procedures for Certification and Fellowship](#) for additional information.*

Please send your completed application to:

**Email:** [credentials@royalcollege.ca](mailto:credentials@royalcollege.ca)      **Fax:** 613-730-3707

**Receipt of your application** will be acknowledged within 5 business days.

**Incomplete applications** will not be accepted.

It takes an average of **6 - 8 months** to complete an assessment of training.

The Royal College must have your updated **contact information** at all times.

**Please note:** *Due to the high volume of requests, we ask that you refrain from contacting the Credentials Unit in order to allow for the timely processing of all requests equally and fairly.*

*We understand your assessment is important to you and we will make every effort to expedite your request. You will be contacted if additional information is required to process your application.*

### Deadlines

The **deadline** to submit your application for assessment of jurisdiction approved training is:

**Specialties:** April 30 of the year before you wish to be examined

**Subspecialties:** August 31 of the year before you wish to be examined

Should you submit your application after the deadline you will be subject to the [non-refundable late penalty fee](#) which is in place at the time your application is submitted. ***There is no guarantee that your application will be processed on time for the examination registration deadline.*** Please see the fee schedule included in this application.

## Additional Documents Required

Your application will not be accepted if any required information/documents are missing

- Required:** A photocopy of your Medical Degree in English or French (any degrees in a foreign language must be translated into English or French and must be certified as a true translation)

A photocopy of your success at a screening examination (if Medical Degree was obtained outside Canada and the United States). Acceptable screening examinations include:

- Medical Council of Canada Qualifying Examination (MCCQE) **Part 1 and Part 2**  
**OR**  
 United States Medical Licensing Examination (USMLE) **Step 1, Step 2, and Step 3**

*This is a requirement for final admission to any part of the Royal College examinations (Section 3.1.5. of the Policies and Procedures for Certification and Fellowship). We can proceed with your assessment without this, however, please submit a copy of your results when it becomes available.*

**Please note:** At this time we are still accepting the MCCEE examination

- Required:** Photocopies of verification of any periods of non-Canadian training. We will accept residency/fellowship certificate if training has been completed.

**Please note:** If you have an account with physiciansapply.ca and wish for the Royal College to obtain documents from there, please remember to activate sharing of each document with the Royal College of Physicians and Surgeons of Canada (RCPSC).

## Fees

A credit card authorization form is included with this application. Please complete the form with applicable fees and submit it with your application.

### Primary Speciality

Date application received by the Royal College	Fee
<b>Before April 30 of the year before</b> you wish to be examined ( <i>basic assessment fee</i> )	<b>\$1,085</b>
<b>Between May 1 and August 1 of the year before</b> you wish to be examined ( <i>basic assessment fee + late penalty fee</i> )	\$1,085 + \$680 = <b>\$1,765</b>
<b>After August 1 of the year before</b> you wish to be examined ( <i>basic assessment fee + late penalty fee</i> )	\$1,085 + \$1,350 = <b>\$2,435</b>

### Second specialty or subspecialty

Date application received by the Royal College	Fee
<b>Before August 31 of the year before</b> you wish to be examined ( <i>assessment fee</i> )	<b>\$750</b>
<b>Between September 1 and December 1 of the year before</b> you wish to be examined ( <i>assessment fee + late penalty fee</i> )	\$750 + \$680 = <b>\$1,430</b>
<b>After December 1 of the year before</b> you wish to be examined ( <i>basic assessment fee + late penalty fee</i> )	\$750 + \$1,350 = <b>\$2,100</b>

# Application For Assessment of Training

ACGME Accredited Residency Programs in the United States

Royal College Use

University

Specialty

Subspecialty\*

*\*Only choose a subspecialty if you would like an evaluation of your subspecialty training.*

Are you applying for the Surgical Foundations examination **only**?

Yes

No

Have you previously applied to the Royal College for an assessment of training?

Yes

No

**Choice of language for examination**

*(you may only choose one language for all components)*

English

French

Written Examination Centre

*\*Please note: Oral/OSCE will be held in **Ottawa***

**Personal Information**

First Name

Gender

Middle Name

Date of Birth

Last Name

Year of Birth

**Contact Information**

Home/Personal Address

Business/Professional Address

Address

Apt Number

City

Province

Country

Postal Code

Phone

Ext.

Home

Business

Cell

E-mail Address

Language of correspondence

English

French

**Medical Graduation Diploma**

Type of Degree

University

City

Country

Year Obtained

## Postgraduate Residency Training

Post Graduate Year	Start Date	End Date	Position	University	Program Director

Current residency Program Director and e-mail address

Current fellowship Program Director and e-mail address

Have you had any interruptions or delays in your training? If yes, please complete the table below

Start Date	End Date	Type of Leave/Description

Please indicate your anticipated end-of-training date (if applicable):

Have you ever had your license or certification revoked by any medical authority and/or been subject to disciplinary action of any kind by such an authority? If yes, please explain.

Yes  No

**Please Explain**

Do you require any [special accommodations](#) for the certification examination?  
(Please see the Royal College website for additional information on [special accommodations](#))

Yes  No

## Declaration

All personal, biographical and academic information relating to your training is confidential and is provided for the recognized legitimate use by the officers and staff of the Royal College. The Royal College may exchange such information about you only with your Postgraduate Dean or your Program Director, unless otherwise notified.

I understand that any misinformation in this application or in any document at any time provided by me in support of my application may lead to refusal of my application or withdrawal of eligibility previously granted.

I understand that should my application be submitted after the applicable Royal College deadlines I will be subject to the late penalty fees which are in place at that time.

I will abide by the Policies and Procedures for Certification and Fellowship.

I agree to abide by the decisions of the Royal College of Physicians and Surgeons of Canada.

## Candidate Authorization

### Candidate's Confidentiality Statement

By clicking 'I agree', I undertake to respect the confidentiality of the examination and acknowledge that I understand the following:

- If a breach of confidentiality occurs, my examination results may be voided, and the Royal College may notify Canadian licensing authorities of the situation.
- That the examination questions are protected by copyright and are the exclusive property of the Royal College
- That any reproduction, dissemination or other disclosure of these examination questions in whole or in part is strictly prohibited and that the Royal College may take all available disciplinary measures and legal actions against any candidate or others who violate this confidentiality provision.

I authorize the Royal College to provide my name to the (Canadian) provincial licensing authorities and other National Regulatory authorities, if I am successful at the examination.

I Agree    Date

## Credit Card Authorization Form

One time use only

Date of Application

### Applicant Information:

Name of Applicant:

Total Amount:

**\*\*Please note:** The Royal College will charge the credit card in Canadian dollars

Card Type:

Visa

Mastercard

American Express

### Credit Card Information:

Card Number:

Expiry Date  
(MM/YY):

Cardholders Name:

By clicking 'I agree', the Royal College is authorized to charge the non-refundable assessment fee to the credit card listed above for the amount indicated.

**I Agree**

### ROYAL COLLEGE USE ONLY

		Financial Revenue Code(s)	
Date	<input type="text"/>		
ID Number:	<input type="text"/>	Code	<input type="text"/> Amount <input type="text"/>
		Code	<input type="text"/> Amount <input type="text"/>
Agent Initials:	<input type="text"/>	Code	<input type="text"/> Amount <input type="text"/>

# Authorization for Release of Information

To: The Royal College of Physicians and Surgeons of Canada

From:

*Please place your name above*

I, the above-named physician, hereby authorize:

*Name of Institution*

to release and furnish any and all information which may be requested relative to my training history, credentialing and examination eligibility. You may furnish copies of any and all records in my file. This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

Dated at:

*City and State*

Date:

*Day, Month, Year*

*Witness Name*

*Applicant Name*

*Witness Signature*

*Applicant Signature*