

## Important Information

We are currently accepting applications for the 2021 examination year only.

At this time we will not accept any applications for 2022 or later.

Please note: Training in an [approved jurisdiction](#) does not guarantee that all of your training will be recognized by the Royal College. [Click here](#) for a list of approved jurisdictions.

**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 5.8 of the [Policies and Procedures for Certification and Fellowship](#) for additional information.

**Renewal Clause:** Please refer to section 5.7 of the [Policies and Procedures for Certification and Fellowship](#) for additional information.

## Please send your completed application to:

Email: [imgcredentials@royalcollege.ca](mailto:imgcredentials@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)
- Required:** Photocopies of verification of any periods of non-Canadian training
- Required (if completed):** A photocopy of proof of your internship
- Required:** Curriculum Vitae (CV)
- Required:** Details of training rotations completed (e.g. area of rotation and time spent in this area)

**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 (RCPS).

## 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 Specialty

Date application received by the Royal College	Fee
<b><u>Before April 30 of the year before</u></b> you wish to be examined (basic assessment fee)	<b>\$3,660</b>
<b><u>Between May 1 and August 1 of the year before</u></b> you wish to be examined (basic assessment fee + late penalty fee)	$\$3,660 + \$710 = \mathbf{\$4,370}$
<b><u>After August 1 of the year before</u></b> you wish to be examined (basic assessment fee + late penalty fee)	$\$3,660 + \$1,410 = \mathbf{\$5,070}$

### Second specialty or subspecialty

Date application received by the Royal College	Fee
<b><u>Before August 31 of the year before</u></b> you wish to be examined (assessment fee)	<b>\$1,745</b>
<b><u>Between September 1 and December 1 of the year before</u></b> you wish to be examined (assessment fee + late penalty fee)	$\$1,745 + \$710 = \mathbf{\$2,455}$
<b><u>After December 1 of the year before</u></b> you wish to be examined (basic assessment fee + late penalty fee)	$\$1,745 + \$1,410 = \mathbf{\$3,155}$

**2021 examination year only**

Royal College Use

Jurisdiction

[Click here for a list of jurisdictions](#)

Specialty

Subspecialty

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

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

Yes

No

### 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

## Specialist Training Information

In order to process your application in a timely matter, please:

- Provide an overview of the specialist training you have completed
- If possible, provide a single Program Director that can attest to all of your specialist training
- Ensure your Program Director(s) are willing and able to provide an attestation of your training and are aware they will be contacted by the Royal College
- Attach a separate document with your specialist training information if additional room is required
- Attach a separate document with detailed information about the specific rotations you completed during the specialist training outlined below (i.e. letters, training summary)

Start date	<input type="text"/>	End date	<input type="text"/>
Position	<input type="text"/>	Country of training	<input type="text"/>
Program Director Name & Information	<input type="text"/>		
Program Director E-mail	<input type="text"/>		

Start date	<input type="text"/>	End date	<input type="text"/>
Position	<input type="text"/>	Country of training	<input type="text"/>
Program Director Name & Information	<input type="text"/>		
Program Director E-mail	<input type="text"/>		

Start date	<input type="text"/>	End date	<input type="text"/>
Position	<input type="text"/>	Country of training	<input type="text"/>
Program Director Name & Information	<input type="text"/>		
Program Director E-mail	<input type="text"/>		

Start date	<input type="text"/>	End date	<input type="text"/>
Position	<input type="text"/>	Country of training	<input type="text"/>
Program Director Name & Information	<input type="text"/>		
Program Director E-mail	<input type="text"/>		

Please indicate your end-of-training date:

Have you had any interruptions or delays in your training? If yes, please complete the table below:			<input type="radio"/> Yes	<input type="radio"/> No
Start Date	End Date	Type of Leave/Description		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Are you focusing on a particular subspecialty in your final year(s) of training? If yes, please complete the table below:			<input type="radio"/> Yes	<input type="radio"/> No
Subspecialty	Country of Training	Program Director (including e-mail address)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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.			<input type="radio"/> Yes	<input type="radio"/> No
Please Explain	<input type="text"/>			

Do you require any <a href="#">special accommodations</a> for the certification examination? (Please see the Royal College website for additional information on <a href="#">special accommodations</a> )	<input type="radio"/> Yes	<input type="radio"/> No
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## 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

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):

Cardholder's 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

Date:

Financial Revenue Code(s)

Code

Amount

ID Number:

Code

Amount

Agent Initials:

Code

Amount

## Application Review Checklist

Before submitting your application, please ensure the following:

- All important information, notes and instructions outlined in the application form have been reviewed and understood
- That the application form is completed in full
- All additional documentation is submitted with your application and/or made viewable to the Royal College through your Physicians Apply Account
- Correct fees are submitted according to the fee schedule and the credit card authorization form is completed in full
- Program Director contact information has been provided and is correct and up to date

For additional information, please visit the Royal College website at [www.royalcollege.ca](http://www.royalcollege.ca)