

Instructions and Important Information

1. Complete all required fields in this application.

***Note:** Please save a copy of the completed application form to your computer for your records.

2. Attach any other relevant documents (as per below) to the e-mail and send to credentials@royalcollege.ca.
(If possible, combine all documents into a single PDF file)

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

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: credentials@royalcollege.ca Fax: 613-730-3707

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

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.

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)

Deadlines

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

- **Specialties:** April 30 of the year before you wish to be examined
- **Subspecialties and Surgical Foundations:** 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 below.

Fees

A credit card authorization form is included with this application. Please complete the form with applicable fees and submit it with your application. If your application is submitted after the applicable deadline, please include the non-refundable late penalty fee in addition to the assessment fees.

Assessment Fees

Specialties and Surgical Foundations	\$730
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Subspecialties	\$380
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Late Penalty Fees

Application is less than 90 days after the deadline	\$710
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Application is more than 90 days after the deadline	\$1,410
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Royal College Use	<input type="text"/>
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University	<input type="text"/>	Exam Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialty	<input type="text"/>					

Have you previously applied to the Royal College for an assessment of training?	<input type="radio"/> Yes	<input type="radio"/> No
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Personal Information

First Name	<input type="text"/>	Gender	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth	<input type="text"/>
Last Name	<input type="text"/>	Year of Birth	<input type="text"/>

Contact Information

<input type="checkbox"/> Home/Personal Address	<input type="checkbox"/> Business/Professional Address		
Address	<input type="text"/>	Apt Number	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Phone	<input type="text"/>	Ext.	<input type="text"/>
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell			
E-mail Address	<input type="text"/>		
Language of correspondence	<input type="radio"/> English <input type="radio"/> French		

Medical Graduation Diploma

Type of Degree	<input type="text"/>	University	<input type="text"/>	
City	<input type="text"/>	Country	<input type="text"/>	
			Year Obtained	<input type="text"/>

Postgraduate Residency Training

Post Graduate Year	Start Date	End Date	Position	University	Program Director

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

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

Are you transferring to a subspecialty in your fourth or fifth year of training? If yes, please complete the table below.

Yes No

Start Date

Subspecialty	University	Program Director

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

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)

ID Number:

Code

Amount

Code

Amount

Agent Initials:

Code

Amount