

Pre-diploma training attestation form

The purpose of this form is to allow the Medical Council of Canada (MCC) to differentiate between clerkship and internship/residency training that occurred after a candidate's academic requirements were completed, but before their medical degree diploma was awarded. This form can be used during the review of eligibility for the Licentiate of the Medical Council of Canada for international medical graduates who completed a year or more of pre-diploma internship or residency.

Definitions:

Clerkship: Supervised clinical experiences provided by the medical school as part of the curriculum required to graduate from medical school. The supervisor has the responsibility for diagnosis, patient care and treatment.

Pre-diploma internship/residency: Clinical training during which the trainee has direct responsibility for diagnosis, patient care and treatment. This training is comparable to the first year of postgraduate residency in Canada.

Action required:

1. Complete the clerkship AND pre-diploma internship/residency sections below.
2. Submit the completed form to the MCC and include a copy of your full medical school transcript and a translation (if the transcript is in a language other than English or French).

NOTE: In cases where the internship/residency is not clearly indicated on the medical school transcript, additional documentation may be required.

This is to certify that:

PRINT CLEARLY OR TYPE

GIVEN NAME(S)	SURNAME
has completed all requirements for the medical degree on _____.	
	YYYY / MM / DD
Their final medical diploma was issued on _____,	
	YYYY / MM / DD
after a compulsory period of pre-diploma internship or residency. This pre-diploma internship or residency was completed from _____ to _____.	
	YYYY / MM / DD
	YYYY / MM / DD

ALL PAGES OF THIS FORM MUST BE SIGNED AND SEALED BY THE DEAN OR PERSON RESPONSIBLE FOR THE PROGRAM

Certified by: _____	PRINT GIVEN NAME(S) / SURNAME
SIGNATURE	
NAME OF MEDICAL SCHOOL OR INSTITUTION	
TITLE	
CITY / COUNTRY	
Date: ____ / ____ / ____	UNIVERSITY SEAL OR STAMP
YYYY / MM / DD	

Details of pre-diploma CLERKSHIP:

PRINT CLEARLY OR TYPE

GRADUATE'S GIVEN NAME(S) _____	SURNAME _____
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HOSPITAL / TEACHING INSTITUTION	CITY / COUNTRY	YYYY / MM / DD	YYYY / MM / DD	PROGRAM / DISCIPLINE
_____ / _____	_____	<i>from</i>	<i>to</i>	_____ / _____
_____ / _____	_____	<i>from</i>	<i>to</i>	_____ / _____
_____ / _____	_____	<i>from</i>	<i>to</i>	_____ / _____
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_____ / _____	_____	<i>from</i>	<i>to</i>	_____ / _____
_____ / _____	_____	<i>from</i>	<i>to</i>	_____ / _____

ALL PAGES OF THIS FORM MUST BE SIGNED AND SEALED BY THE DEAN OR PERSON RESPONSIBLE FOR THE PROGRAM.

Certified by: _____ <small>SIGNATURE</small>	_____ <small>PRINT GIVEN NAME(S) / SURNAME</small>
_____ <small>NAME OF MEDICAL SCHOOL OR INSTITUTION</small>	
_____ <small>TITLE</small>	
_____ <small>CITY / COUNTRY</small>	
Date: ____ / ____ / ____ <small>YYYY / MM / DD</small>	_____ <small>UNIVERSITY SEAL OR STAMP</small>

Details of pre-diploma INTERNSHIP or RESIDENCY:

PRINT CLEARLY OR TYPE

GRADUATE'S GIVEN NAME(S)	SURNAME
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HOSPITAL / TEACHING INSTITUTION	CITY / COUNTRY	YYYY / MM / DD	YYYY / MM / DD	PROGRAM / DISCIPLINE
/		<i>from</i>	<i>to</i>	/
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/		<i>from</i>	<i>to</i>	/

ALL PAGES OF THIS FORM MUST BE SIGNED AND SEALED BY THE DEAN OR PERSON RESPONSIBLE FOR THE PROGRAM. ANY SUPPORTING DOCUMENTATION THAT PROVIDES A MORE IN-DEPTH DESCRIPTION OF THE TRAINING PROGRAM AND/OR A CURRICULUM OUTLINE FOR THE DEGREE OR DIPLOMA MAY BE USEFUL.

Certified by: _____ <small>SIGNATURE</small>	_____ <small>PRINT GIVEN NAME(S) / SURNAME</small>
_____ <small>NAME OF MEDICAL SCHOOL OR INSTITUTION</small>	
_____ <small>TITLE</small>	
_____ <small>CITY / COUNTRY</small>	
Date: ____ / ____ / ____ <small>YYYY / MM / DD</small>	_____ <small>UNIVERSITY SEAL OR STAMP</small>