

REQUEST FOR REPLACEMENT CERTIFICATE

Personal Information:

Full Name: _____
First Name, Middle Name(s), Last Name

Student Number: _____

Address: _____

E-mail: _____

PGME Certificate Information:

Program: _____

Date of Program Completion: _____

Reason for Replacement: _____

NOTE: Your name will appear on the PGME certificate as it appears in the online Medportal registration record and in conformity with its appearance in the CPSO registration record.

Replacement certificates will be held for one year after the date of reissuance and the destroyed if unclaimed.

Signature (original signature required)

Date

Payment Information:

The fee is \$60.00 CAD for each replacement certificate. Equivalencies in other currencies are not accepted. Please make cheques payable to McMaster University. If you require your certificate to be delivered, please include the courier fee below.

- Within Canada \$10.00 CAD
- To USA \$25.00 CAD
- To International Destinations \$35.00 CAD

Please return this form with payment to the PGME Office.