



UNIVERSITY
OF MANITOBA

Faculty of
Health Sciences

Clinical Assistant (CA) Assessment Part I Application Form

Return this form to the College of Physicians and Surgeons of Manitoba with your application for Clinical Assistant Registration.

Please fill in this application form and return to the College. Full Payment will be required at the time that your exam date is confirmed. Only credit card payments will be accepted.

Name: _____

Address: _____

Contact Address: _____
(if different from above)

Email Address: _____

Phone: Home _____ Office _____ Fax _____

Please indicate how you prefer to be contacted: _____

Date of birth: _____
(day) (month) (year)

Citizenship: _____
If not a Canadian citizen, are you a landed immigrant? (Yes / No)

Professional background: MD _____ Nursing _____ EMT III _____

Other (please specify) _____

School: _____

Year of Graduation: _____

Specialty Training or Courses completed since graduation: (include year of completion and location)

For physicians - have you passed any qualifying exams? (Evaluating Exam, LMCC Part 1, LMCC Part 2, NAC OSCE, USMLE) Please include date.

Date you wish to sit the Part I: _____