



CONSENT FORM

I, _____, a Member of The College of Physicians and Surgeons
(please print name in full)
of Manitoba ("the College") hereby consent to the issuance by the College of a certificate of professional
conduct concerning me.

I hereby acknowledge that I am aware of the provisions of Article 20 of By-Law #1 of the College.

I understand that the College will only release the certificate of professional conduct to the authority
shown below. I understand that an original certificate will not be sent to me but that I may request a copy
be sent to me for my records.

_____ Date

_____ Signature of Member

_____ Please provide contact email address

I request that the certificate be issued directly to:*

_____ Full Name of licensing authority, hospital, etc.

Full mailing address for the above:

For faxed copies please provide fax number including area code: _____
(Only complete this section if you have paid the additional fax fee. Please refer to the Information Form
for a list of organizations that are exempt from the fax fee)

I hereby request that a copy of the certificate be sent to me for my records at the address shown
below.

My mailing address: _____

**PLEASE ENSURE YOU HAVE COMPLETED ALL RELEVANT FIELDS. FAILURE TO DO SO MAY
RESULT IN A DELAY IN PROCESSING YOUR REQUEST.**

SUBMIT THIS FORM WITH YOUR PAYMENT

*The College does not issue original certificates of professional conduct directly to a member