



THE  
COLLEGE OF  
PHYSICIANS  
& SURGEONS  
OF MANITOBA

1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7  
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E-MAIL: [registration@cpsm.mb.ca](mailto:registration@cpsm.mb.ca)

### CERTIFICATION BY UNIVERSITY/COLLEGE OF GRADUATION

#### APPLICANT MUST COMPLETE THIS SECTION

I, \_\_\_\_\_, am applying to the College of Physicians and Surgeons of Manitoba, Canada, to practise as a clinical assistant in the province of Manitoba, and in support of my application I require the university/college from which I graduated to certify my graduation and date of degree/diploma.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

#### UNIVERSITY/COLLEGE MUST COMPLETE THIS SECTION

I hereby certify that \_\_\_\_\_ graduated from  
*Full Name of Applicant*

\_\_\_\_\_  
*Name of University/College*

and received the degree/diploma of \_\_\_\_\_  
*Name of Degree/Diploma*

on \_\_\_\_\_  
*Date degree/diploma conferred*

\_\_\_\_\_  
*Signature of Dean or Registrar*

\_\_\_\_\_  
*Date*

***Note to University/College: This form, once completed, must be returned directly to the College of Physicians & Surgeons of Manitoba. The completed form may be returned by facsimile to the College at 204-774-0750. Please ensure that the original form is mailed promptly.***

Seal or Stamp of  
University/College to  
be Affixed Here