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**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 Physician 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 CPSM at 204-774-0750. Please ensure that the original form is mailed promptly.

Seal or Stamp of
University/College to
be Affixed Here