



COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
1000 – 1661 PORTAGE AVENUE
WINNIPEG, MB R3J 3T7
TEL: (204) 774-4344 FAX: (204) 774-0750
E-MAIL: RAMregistraion@cpsm.mb.ca

CERTIFICATION BY UNIVERSITY/COLLEGE OF GRADUATION

TO APPLICANT: Complete this section and submit this form to the PA Program you graduated from. This form will NOT be accepted if returned by the applicant.

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
Name of Applicant

Name of University/College

and received the degree/diploma of _____
Name of Degree/Diploma

on _____.
Date Degree/Diploma conferred

Was the applicant ever restricted, suspended, terminated, or requested to resign from participation in the program?
☐ No ☐ Yes (If YES, please provide details on a separate sheet)

Provide a performance statement regarding the applicant's judgement, medical knowledge, emotional stability and any other information that you feel is pertinent:



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Signature of Dean or Registrar

Date

Seal or Stamp of University/College to be affixed here

Note to University/College: This form, once completed, must be returned directly to the College of Physicians & Surgeons of Manitoba. Please return the completed form to RAMRegistration@cpsm.mb.ca.