



1000-1661 PORTAGE AVENUE WINNIPEG, MANITOBA R3J 3T7  
TEL: (204) 774-4344 FAX: (204) 774-0750  
WEBSITE: www.cpsm.mb.ca

## THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA

### [PHYSICIANSAPPLY.CA](http://PhysiciansApply.ca)

I, \_\_\_\_\_ have applied for registration with the College of Physicians and Surgeons of Manitoba (CPSM), and have been advised:

- [Physiciansapply.ca](http://PhysiciansApply.ca) provides a service for Canadian medical regulatory authorities to provide source verification of education and training documents submitted by applicants.
- One of the requirements for registration as a member of the CPSM is a Report from [Physiciansapply.ca](http://PhysiciansApply.ca) satisfactory to the CPSM, and a Report issues only after the verification of all documents submitted by an applicant has been completed.
- During the source verification process, an applicant has a profile with [Physiciansapply.ca](http://PhysiciansApply.ca) which indicates the status of the verification process.
- As a general policy, the CPSM will not finalize an application for registration unless each document submitted by the physician has the status of “reviewed and accepted” on the applicant’s [Physiciansapply.ca](http://PhysiciansApply.ca) profile.

#### Documentation Submitted

1. I hereby represent to the CPSM that I have submitted to [Physiciansapply.ca](http://PhysiciansApply.ca) each of my documents for which source verification is required, namely:

- Medical school diploma
- Medical licensure/registration certificates in other jurisdictions
- Postgraduate training certificates
- Specialty Certificate(s) (*if applicable*)

**Note:** The CPSM reserves the right to request additional documentation source verification after a review of the application.

#### Request for Registration

2. I hereby request that:

- (a) after the status of each of my documents on my [Physiciansapply.ca](http://PhysiciansApply.ca) profile is “reviewed and accepted”, the CPSM issue registration to me on the basis of my representation of my credentials as set out in my application to the CPSM, and
- (b) my registration be subject to the condition that my registration will be immediately cancelled if the source verification by [Physiciansapply.ca](http://PhysiciansApply.ca) is not satisfactory to the CPSM.

#### Duration

3. This undertaking shall remain in effect until [Physiciansapply.ca](http://PhysiciansApply.ca) has provided its final Report of the source verification of my documents to the CPSM.

#### Independent Legal Advice.



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4. I confirm that I have been advised that I have the right to obtain independent legal advice with respect to the terms of this undertaking and confirm that this undertaking is executed by me voluntarily and for the purpose of inducing the CPSM to issue my registration in advance of receipt of the final Report by [Physiciansapply.ca](http://Physiciansapply.ca).

Signed by me in the City of \_\_\_\_\_ , in the Province of \_\_\_\_\_ , this \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_.