



CERTIFICATION EXAMINATION IN FAMILY MEDICINE

RESIDENCY ELIGIBLE CANDIDATES

APPLICATION INSTRUCTIONS

- 1. Physician Credentials Registry of Canada (PCRC)** – If you completed your undergraduate and/or postgraduate medical education outside Canada, you are required to register your credentials and supporting documents with the Physician Credentials Registry of Canada (PCRC). PCRC is responsible for obtaining primary source verification of the authenticity of your medical credentials from the institution that issued these documents to you. Please refer to detailed instructions attached and complete the “Release and Waiver” form. Enter your PCRC ID# in the space provided on your examination application form.
- 2. CFPC Membership #** - If you are a Canadian family medicine resident, you will find your number on the membership card that was sent to you by the College at the start of your second year in your program. In addition, all family medicine programs have a list of their residents with membership numbers. If you completed a family medicine residency program outside of Canada you will need to join the College, by contacting our membership department at 905-629-0900 or 1-800-387-6197 ext 250.
- 3. Contact Information** - Please ensure that all contact information, including e-mail addresses and telephone numbers are current and that they provide direct, easy access to you. You can update your contact information anytime by logging into the members section of the College’s website at www.cfpc.ca. To set up your online account:
 - Click on the orange bar at the top left corner marked “MEMBERS”.
 - Click where it says, "CFPC members click here to get your password."
 - Enter your membership number and click next.
 - Enter your date of birth and click next.
 - Enter your medical school and click next.
 - If your e-mail address is on file, it will show up, if not, please enter it.
 - Note: Your e-mail address will be your user ID.
 - Enter a password, and enter it again to verify it, and then click next.Once you have completed this brief member authentication process, you will be automatically taken to the “members only” section of the CFPC website where, among other activities, you will be able to view your examination results.
- 4. Preferred Exam Centre** - Please note that although we strive to place all candidates in their 1st choice of examination center, due to limited resources this is not always possible. You should not make any travel arrangements until you have received your center letter confirming your placement. This information will be sent to you approximately six weeks prior to the examination date.

Spring Exam Centres Vancouver, Calgary, Edmonton, Winnipeg, Hamilton, Toronto, Ottawa, Montreal (English & French), Sherbrooke, Quebec and Halifax

Fall Exam Centres Calgary, Toronto, and Montreal (English & French)
- 5. Medical Council of Canada** - If you are sitting their examination on the same weekend as the certification examination you should indicate it on your application form in order to avoid potential scheduling conflicts.
- 6. Acceptable Photograph** - You must submit a passport photograph, paper clipped to your application, taken within the last six months.

7. **Payment of Fees** - The examination and resident membership fee (invoice attached) must be included with your application (see invoice for payment options).
8. **Recommendation** – For you to be eligible to sit the examination you must be recommended to the CFPC by the dean for postgraduate medical education and the postgraduate director of the Department of Family Medicine (CFPC accredited programs) or by the institution’s equivalent officers (United States and Australia residents). Please ensure that they sign your application form prior to submitting it to the College.
9. **Application Deadlines** - All applications must be received by the CFPC by the deadline date as indicated below.

Deadline to apply for Spring Exam: February 1st; Fall Exam: June 30st
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REGISTERING YOUR CREDENTIALS WITH THE PHYSICIAN CREDENTIALS REGISTRY OF CANADA (PCRC)

Documents to submit for source verification

The CFPC requires that you submit **ONLY** those documents that are relevant to confirming your eligibility for the Certification Examination in Family Medicine. In order to avoid any unnecessary costs or delays, you should carefully read the following descriptions before submitting any documents to PCRC. These documents, once verified form a permanent record with the PCRC.

You must ensure that you have shared your credentials with CFPC. This can be done by selecting “Document Sharing” once you have logged on to your PCRC account.

- **Primary medical qualification** – If you obtained your undergraduate medical degree outside Canada, you must submit your medical school diploma for source verification.
- **Family practice medical training** – If you obtained your training outside Canada, you must submit for source verification. You need only submit the certificate that proves completion of the training program and not individual rotation.

All documents submitted to PCRC for verification must reach the stage “verification returned – pass” no later than six weeks prior to the examination date. Applications for candidates whose documentation has not been fully verified six weeks prior to the examination date will be delayed to the next sitting of the examination. In the event that your application is delayed, the examination fees you have already paid may be transferred to the next exam date with no penalty.

Please note: This process can take several months so the College recommends that you commence this process as soon as possible. You should inform PCRC when you submit your credentials that your application for source verification is in support of your application for the Certification Examination in Family Medicine.

Monitoring verification status

The time it will take for documents to be “verification returned – pass” depends on the issuing institutions. As the status of verification evolves, PCRC will update your profile. You will be able to monitor the progress by logging in to your online account. You should monitor the status of your documentation and follow-up with the relevant authorities to ensure timely verification.

Documents deemed unable to be source verified

In the event that, after due process, some documents are deemed by PCRC as unable to be source verified, an applicant may make an appeal to the Board of Examiners to have source verification waived for this document.

How to register with PCRC

1. Visit the PCRC website at <http://www.pcrc.org>.
2. Carefully read the description of the Source Verification Process at http://www.pcrc.org/en/svr_process.htm.
3. Download the PCRC Online User Guide and follow the detailed instructions at http://www.pcrc.org/en/documents/PCRC_Online_User_Guide.pdf.
4. Please ensure that you have consented to share the applicable documents with the College of Family Physicians of Canada.

PCRC Support Desk

Tel: (613) 520-2240

Fax: (613) 248-4234

Email: pcrc.sd@mcc.ca



The College of
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APPLICATION CHECKLIST

Please ensure that you have followed all of the steps in the application instructions. Please use the following checklist to ensure that you have included all required information and documentation.

- PCRC # if required (obtained when you registered with Physicians Credentials Registry of Canada)
- Signature of the candidate (you must sign the application form in **three** spots)
- Acceptable photograph
- Examination and resident membership fee
- Recommendation of the Postgraduate Director of Family Medicine
- Recommendation of the Dean of Postgraduate Education



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EXAMINATION FEE

EXAMINATION DATES

April 30 – May 2, 2010
November 5 – 7, 2010

EXAMINATION FEE	\$1,762.00
RESIDENT MEMBERSHIP	<u>50.00</u>
TOTAL PAYABLE	\$1,812.00

PAYMENT OPTIONS

(Please enclose this portion with your application)

NAME: _____ MEMBERSHIP #: _____

ADDRESS: _____

- My cheque for \$1,812 is enclosed
- My cheques for 3 payments are enclosed as follows:
\$ 812 dated February 1 (spring exam) or June 30 (fall exam)
\$ 500 dated March 1 (spring exam) or July 30 (fall exam)
\$ 500 dated April 1 (spring exam) or August 30 (fall exam)
- Please bill my credit card for \$1,812
- Visa MasterCard

Card #: _____ Expiry Date: _____ Month _____ Year

Name on card: _____ Signature: _____



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CERTIFICATION EXAMINATION IN FAMILY MEDICINE

APPLICATION FORM

RESIDENCY ELIGIBLE CANDIDATES

PCRC ID #	CFPC Membership Number #
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CONTACT INFORMATION

Family Name		Given Names	
Name as it should appear on Certificate			
Date of Birth Year: Month: Day:		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address – Apt. No. or PO Box, Street No. and Name			
City	Province	Country	
Postal Code		E-mail	
Home Telephone		Cell or Page	

CENTRE INFORMATION

Preferred Exam Centre: 1 st Choice _____ 2 nd Choice _____							
I am sitting a Medical Council of Canada examination on the same weekend Yes <input type="checkbox"/> No <input type="checkbox"/>							
Preferred Language	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">English</td> <td style="padding: 5px;">Oral <input type="checkbox"/></td> <td style="padding: 5px;">Written <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">French</td> <td style="padding: 5px;">Oral <input type="checkbox"/></td> <td style="padding: 5px;">Written <input type="checkbox"/></td> </tr> </table>	English	Oral <input type="checkbox"/>	Written <input type="checkbox"/>	French	Oral <input type="checkbox"/>	Written <input type="checkbox"/>
English	Oral <input type="checkbox"/>	Written <input type="checkbox"/>					
French	Oral <input type="checkbox"/>	Written <input type="checkbox"/>					
Candidates wishing to take one component in English and the other in French may only do so at the Montreal center .							
Do you require any special needs or arrangements at the examination centre? Yes <input type="checkbox"/> No <input type="checkbox"/> Requests must be supported by appropriate documentation.							

Please note that we reserve the right to withdraw your eligibility at any time

PRIMARY MEDICAL QUALIFICATION

If obtained outside of Canada, you must submit this credential to PCRC for source verification (see instructions for more information).

University/Medical School/College	
City	Country
Degree Obtained	Graduation Date Year: Month: Day:

FAMILY PRACTICE MEDICAL TRAINING

If obtained outside of Canada, you must submit this credential to PCRC for source verification (see instructions for more information).

University/Medical School/College	
City	Country
Start Date Year: Month: Day:	Completion Date Year: Month: Day:
University/Medical School/College	
City	Country
Start Date Year: Month: Day:	Completion Date Year: Month: Day:

OTHER POSTGRADUATE MEDICAL TRAINING

(Please include all other postgraduate training you have successfully completed)

University / Medical School / College	
City	Country
Start Date Year: Month: Day:	Completion Date Year: Month: Day:
University / Medical School / College	
City	Country
Start Date Year: Month: Day:	Completion Date Year: Month: Day:

CONFIDENTIALITY OF EXAMINATION CONTENT

In recognition of the duty of The College of Family Physicians of Canada and of myself to the public to ensure that only physicians who fully and fairly pass the certification examinations be granted certification by The College of Family Physicians of Canada,

I hereby attest that I will not divulge to anyone the nature or content of any question or answer on the Certification Examination in Family Medicine.

I will not access or attempt to remove any exam materials, notes or other unauthorised materials from the examination rooms.

I will not attempt to give or receive information during the examination from other candidates or from any other source.

I understand that failure to comply with this attestation may result in invalidation of my grades, disqualification from future examinations of The College of Family Physicians of Canada and a report to the medical disciplinary body in my province or territory.

Signature	Date
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DECLARATION

I hereby make application to sit the Certification Examination in Family Medicine of the College of Family Physicians of Canada, and I have read and am in agreement with the above statement.

Signature	Date
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MAINTENANCE OF CERTIFICATION

I will meet the requirements for continuing membership in the College of Family Physicians of Canada, and failing to do so, I understand that I forfeit the right to use the CCFP as part of my credentials.

Signature	Date
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RECOMMENDATION

End-of-Training Date for applicant named in this application: _____

This will attest that the applicant named in this application has, or by the end-of-training date shown, will have met the educational training objectives as determined and evaluated by this family medicine residency program.

I hereby recommend the candidate named in this application to sit the Certification Examination in Family Medicine. I undertake to notify the College of Family Physicians of Canada in advance of the examinations if acceptable competence is not maintained, if training is interrupted, or if the date of completion changes. Such information may change an applicant's eligibility status.

Postgraduate Director of Family Medicine Signature	Date
Dean, Postgraduate Medical Education Signature	Date

RELEASE & WAIVER (sign only if PCRC credentials verification is required)

I, _____, confirm and understand that the information that I have provided to The College of Family Physicians of Canada (the "CFPC") in this Application is true and authentic and will be verified and/or authenticated by the Medical Council of Canada (the "MCC") through its division the Physician Credentials Registry of Canada pursuant to an agreement between the CFPC and the MCC for credentialing to determine my eligibility for the CFPC examination.

I agree to hold harmless the CFPC, its officers, directors, shareholders, affiliates, associates, agents, employees, representatives, partners, volunteers, members, successors and assigns (the "Released Parties"), with respect to the verification and authentication services provided to the CFPC by the MCC.

Further, I, on my own behalf and on behalf of my heirs, executors, administrators, estate trustees, agents and assigns, hereby irrevocably release and forever discharge the Released Parties from any and all claims, demands, rights and causes of action of any kind whatsoever, which I now have or later may have, whether known or unknown, in any way resulting from the verification and authentication services provided to the CFPC by the MCC.

I agree that this release and waiver shall be governed by the laws of the Province of Ontario.

BY SIGNING THIS RELEASE AND WAIVER, I CERTIFY THAT I HAVE READ THIS RELEASE AND WAIVER FULLY AND UNDERSTAND IT. FURTHER, I HAVE NOT BEEN THREATENED OR PRESSURED IN ANY WAY TO SIGN THIS RELEASE. I AM OF SOUND LEGAL MIND AND NOT SUFFERING FROM ANY LEGAL DISABILITY.

Applicant's Signature:

Applicant's Name:

Date:

Witness Signature:

Witness Name:

Date:
