

Request for replacement of LMCC documents

Instructions

IMPORTANT

- Complete and submit this form by mail to the above address.
- Upon receipt of your form, a fee will be applied to your physiciansapply.ca account.
 - If you do not have a physiciansapply.ca account, email [Services](mailto:Services@mcc.ca) for help to create one.
 - Requests and payments from a third party will not be accepted.
- You must pay this fee through your account before your request can be processed.
- Your request will be cancelled if payment is not received within 10 business days.
- Once the fee is paid, allow a minimum of 10 business day for the processing of your request.
- Once your request is completed, you will be notified through your account.

NOTE: The Medical Council of Canada (MCC) reserves the right to request supplemental documents such as a certified identity document, if needed. Candidates assume all applicable certification costs.

Courier option for delivery of requested documents

- You are strongly encouraged to use a courier service to deliver your requested documents.
- Documents sent by courier can be tracked. This is especially important for time-sensitive requests.
- The MCC is ***not responsible*** for documents sent by ***regular post***.
- The fee schedule for courier service is as follows:

CANADA	PROVINCES	\$45
	TERRITORIES	\$50
U.S.		\$80
INTERNATIONAL		\$180

The courier fee must be included in the payment checklist on the next page.



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

ADDRESS | 1021 THOMAS SPRATT PLACE
OTTAWA ON K1G 5L5
CANADA

CONTACT US | MCC.CA

Name (as registered in your account):

SURNAME

GIVEN NAME(S)

Date of birth _____
YYYY / MM / DD

MCC Candidate Code
or LMCC Number _____

Email _____ Telephone _____

Replacement of LMCC documents | Fee: \$133 each

1. Which document are you requesting? **NOTE: Check BOTH if due to a NAME CHANGE.**

- Replacement of the Certificate of Registration (wallet-sized card)
 Replacement of the Testamur (wall-hanging certificate)

2. Check one of the following:

I am returning the original LMCC documents to the MCC with my request package.
OR

I do not have my original LMCC documents and I am providing a statutory declaration (i.e., affidavit) certified by a lawyer or a notary public stating:

- a. The reason why I do not have my original LMCC documents (e.g., documents lost, stolen, destroyed, etc.).
b. If the original Certificate of Registration and/or Testamur is/are subsequently located, the original(s) will be returned to the MCC office.

For additional information, consult [Replacing your LMCC documents](#).

Documents should be sent to the following address:

NAME _____ EMAIL _____

ROOM OR SUITE No. _____ STREET No. _____ STREET NAME _____
REQUIRED FOR HOSPITAL & UNIVERSITY ADDRESSES) PO BOXES NOT ACCEPTABLE FOR COURIER

CITY _____ PROVINCE/TERRITORY/STATE _____

COUNTRY _____ POSTAL/ZIP CODE _____ TELEPHONE OF RECIPIENT _____

Payment checklist

- DOCUMENT FEES \$ _____
 COURIER FEE \$ _____

TOTAL \$

x

SIGNATURE

DATE YYYY / MM / DD