



DECLARATION

In the matter of an application to the University of Toronto for a new Postgraduate Medical Education (PGME) certificate,

I, _____ of
Name of Declarant

_____,
Address of Declarant

solemnly declare that I successfully completed the following postgraduate medical education program at the University of Toronto:

Department: _____

Program: _____

Date of Program Completion: _____

The PGME certificate was: Lost Destroyed Not received
due to the following circumstances:

I hereby undertake, as a condition of the re-issuance of a certificate, that if the original should be found at any time and restored to my possession, I will forthwith return the replacement to the PGME Office, Faculty of Medicine, University of Toronto, for cancellation.

I make this declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Signature of Declarant

Declared before me in _____
City / Municipality Province / State Country

Date

Signature of Notary Public

Name of Notary Public

Affix Seal Here