



DECLARATION

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

I, \_\_\_\_\_ Name of Declarant

of \_\_\_\_\_ Address of Declarant

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

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 certificate to the PGME office, Faculty of Medicine, University of Calgary, for cancellation.

I make this declaration conscientiously believing it to be true and know 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 _____		
Affix seal here		
Signature of Notary Public _____		
Name of Notary Public _____		