

ALBERTA INTERNATIONAL MEDICAL GRADUATE PROGRAM

'APPLICANT IDENTITY VERIFICATION'

All AIMG applicants

- **must have their identity verified and credentials certified true by a Notary Public as an eligibility requirement for the AIMG assessments**
- **are required to complete this identity verification in the presence of a Notary Public and attach a photograph, which must be officially certified.**
- **must ensure to sign and print the date and their current name on this page and submit it as part of their application.**

I, _____, the undersigned, hereby certify on this date, _____ (dd/mm/yy), under oath that:

- I am the person named in the Statutory Declaration and Authorization for Release of Information Form
- all statements I have made or shall make on or in connections with the AIMG Program Application are true
- I am the person named in all relevant parts of the Applications and in the credentials furnished or to be furnished with respect to the Application
- all documents, forms, or copies I furnish with the Application are true, complete, and correct
- I acknowledge and have read and understand the guidelines outlined by the AIMG Program.

CERTIFYING OFFICIAL

I certify that, on the date shown below, the individual named above did appear personally before me and that I did identify the individual by: (a) comparing his/her physical appearance with the photograph on the valid government-issued identifying document presented by the individual and with the photograph affixed hereto, and (b) comparing the individual's signatures made in my presence on this form with the signature on his/her valid government-issued, identifying document. The statements in this document are subscribed and sworn before me by the individual on this ____ day, in the month of _____, in the year _____.

In my capacity as _____ at _____

Name _____ Telephone _____

Signature _____ Email _____

The certifying official's signature must cover a portion of the attached photograph and of the form to the left or the right of the photograph.

An applicant's signature on this page indicates that the photograph attached hereto is a photograph of the applicant which was taken within six (6) months of the date of submission of this AIMG Program application. It signifies that the information given in the Statutory Declaration and Authorization of Release of Information, and elsewhere in the application is true, complete, and correct.

Attach one (passport size) photograph here

AIMG Program Applicant's Signature