

ALBERTA INTERNATIONAL MEDICAL GRADUATE PROGRAM

'STATUTORY DECLARATION AND AUTHORIZATION OF RELEASE OF INFORMATION'

All applicants to the AIMG Program assessment cycle are required to agree to the conditions set forth at the end of this document and to print, sign, and include this 'Statutory Declaration and Authorization of Release of Information Form' when submitting their AIMG application.

I, _____ consent to the AIMG PROGRAM collecting, using, retaining, disclosing and disposing of my personal information for the purposes of assessment.

Falsification of Personal Information and/or Educational Documents: I understand that falsification of information in my application to the AIMG PROGRAM or documents submitted in support of my application, or submission of falsified MCC documents to other agencies, is sufficient cause for the AIMG PROGRAM to disqualify me from any or all assessments or to withhold or invalidate my assessment result(s).

Irregular Behavior: I understand that the giving or receiving of non-sanctioned assistance in answering assessment items (OSCE, MMI, and/or any others) during the examination, or the disclosure of assessment items (OSCE, MMI, and/or any others) to others, may be sufficient cause for the AIMG PROGRAM to terminate my application, disqualify me from future assessments, or invalidate my examination result(s). If, after review and analysis of available information, it is determined that the scores attained on any assessments suggest evidence of irregular behavior and may not represent a valid measure of competence as sampled by the assessment procedure, a disqualification may be awarded.

Notification of Authorities: In the event of falsification of information or irregular behavior, the AIMG PROGRAM may take appropriate action as it sees fit, including, but not limited to, barring me from future assessments and advising other licensing, educational, training, credentials verification authorities, hospitals, clinics and other medical facilities and organizations that utilize the services of physicians, government agencies (local, provincial or state, federal, or foreign), law enforcement, agencies or other third parties and organizations, and their representatives, who, in the opinion of the AIMG PROGRAM have a legitimate interest in such information. Notification may also be provided to other legitimately interested entities upon request.

I also agree that, should the AIMG PROGRAM issue any document giving the results of my assessment in error, the document is invalid and will be returned to the AIMG program forthwith.

I authorize the AIMG PROGRAM to divulge any information contained in the application, or information flowing from the results of my assessment results to any licensing, regulatory and credentials verification authorities who, in the opinion of the AIMG PROGRAM, have a legitimate interest in such information.

Canadian Post-MD Education Registry (CAPER): The AIMG PROGRAM is a member organization of CAPER. Upon my application to AIMG PROGRAM, the AIMG PROGRAM is hereby authorized to transmit to CAPER, my personal information (as outlined in the AIMG PROGRAM – CAPER data sharing agreement – see data elements attached) for the sole

purpose of compiling national data concerning post-MD training in Canada and evaluation and licensure of International Medical Graduates.

Declaration:

I authorize every person, institution, licensing, regulatory, educational, training, and credentials verification authorities of any state, province, or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal, or foreign), law enforcement agency or other third parties and organizations, and their representatives, having custody or control of any documents, records, and other information pertaining to me to provide the AIMG Program any such documents, record and other information, or true, complete and correct copies of such documents, records, or other information.

If selected for a Residency Program interview(s), I understand that the interview(s) may be held in Calgary or Edmonton and I agree to participate in all interviews as invited.

I have read the above statements and agree to the terms and conditions outlined.

Name of Applicant

Applicant's Signature

Date