



## Alberta International Medical Graduate Program CHANGE OF INFORMATION FORM

Externs, current match cycle applicants and Clinical Assessment Placement (CAP) participants, use this form to update the personal contact information to be used by the AIMG Program if changes occur during the current application and assessment period. Contact information will automatically update when a new online application is completed. Please **PRINT** clearly and complete all required and new information.

### Required Information:

AIMG Program ID # (required)

Date of Birth (yyyy/mm/dd) (required)

Last Name

First Name

### Former Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### New Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Former Email Address

### New Email Address

### Former Phone Number

### New Phone Number

Date changes took/take effect: \_\_\_\_\_

Once you have completed this form, please scan and email to [aimg@ucalgary.ca](mailto:aimg@ucalgary.ca) or fax to the AIMG Program Office at **(403) 210 – 8166**. Thank you.