

Alberta International Medical Graduate Program APPLICANT IDENTITY VERIFICATION FORM

All AIMG Program applicants:

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

I, _____, the undersigned, born on _____ hereby certify
(AIMG Program Applicant) (dd/mm/yyyy)

on this date _____ under oath that:
(dd/mm/yyyy)

- all statements I have made or shall make on or in connection with the AIMG Program Application are true;
- I am the person named in all relevant parts of the Application and in the credentials furnished or to be furnished with respect to the Application.

NOTARY PUBLIC/COMMISSIONER FOR OATHS

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 signature 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 date

_____ (dd/mm/yyyy) in my capacity as a Notary Public/Commissioner for Oaths in

_____, (City or Town) Alberta.

Name of Notary Public/Commissioner for Oaths: _____

Telephone: _____

Email: _____

Signature of Notary Public/Commissioner for Oaths: _____

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 Applicant's AIMG PROGRAM application. It signifies that the information given in the application is true, complete, and correct.

(Applicant's Signature)

Attach one passport size
(50mm x 70mm)
photograph here.

The certifying official's signature/seal must cover a portion of this photo and a portion of this form.