



Alberta International Medical Graduate Program



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 or Commissioner for Oaths** and attach a photograph, which must be officially certified;
- **in the presence of an Alberta Notary Public/Commissioner for Oaths** applicants must sign, date, and print their current name on this page, and submit it as part of their application. All fields in this form must be handwritten.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

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

certify 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.

THIS SECTION TO BE COMPLETED BY A NOTARY/COMMISSIONER FOR OATHS ONLY

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:

- comparing their physical appearance with the photograph on the valid government-issued identifying document presented by the individual and with the photograph affixed hereto, and
- comparing the individual's signature made in my presence on this form with the signature on their valid government-issued, identifying document, and
- I can confirm the affixed photo below is recent (within the past 6 months)

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.