



Alberta International Medical Graduate Program



Alberta International Medical Graduate Program APPLICANT IDENTITY VERIFICATION FORM

THIS FORM MUST BE HANDWRITTEN ONLY. PLEASE PRINT CLEARLY.

All AIMG Program applicants:

- must have their identity verified by an **Alberta Notary Public/Commissioner for Oaths** as an eligibility requirement.
- 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. Applicants must sign, date, and print their current name on this page, and submit it as part of their application.

Option A or B for the Residence in Alberta eligibility requirement: Applicants are not required to be physically present in Alberta at the time of notarization. Virtual or in person notarization occurring outside of Alberta is acceptable. Any changes made to amend this form to indicate location or virtual notarization must be completed accurately by a Notary.

THIS SECTION TO BE COMPLETED BY THE APPLICANT ONLY

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

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 (**please check all boxes**):

- 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)

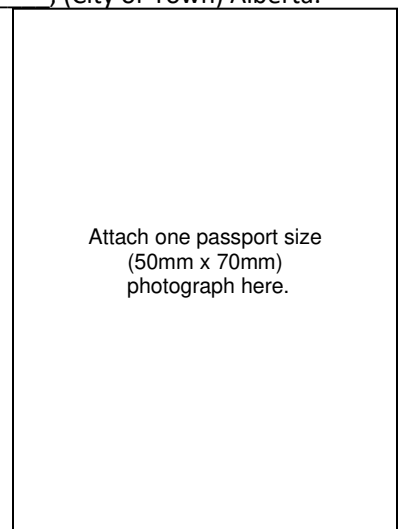
The statements in this document are subscribed and sworn before me by the individual on _____ (dd/mm/yyyy) in my capacity as a Notary Public/Commissioner for Oaths in _____, (City or Town) Alberta.

Name of Notary Public/Commissioner for Oaths: _____

Telephone: _____

Email: _____

Signature of Notary Public/Commissioner for Oaths: _____



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

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)