



Name/Signature Variance Form

This document is required of all applicants

Instructions: The purpose of this form is to register all potential variations of your name or signature. Applicants are to apply to each AIMG cycle using their preferred name (indicated below and on your AIMG 2025 Cycle online application).

For applicants with NO Name/Signature Variance, please tick the box below.

I acknowledge all my names and signatures are the same on all documents.

Signature: _____

Sign Here (use a pen)

For applicants with Name/Signature Variances, please complete the form below.

Applicants who have/use more than one variation (first/middle/last name(s) and initials,) OR have variations in signatures, **are required** to use this form to indicate all variations of their name/signature as they appear on each supporting document. **Verification of applicants is necessary. Failure to complete this document will result in ineligibility.**

I, _____, as entered on the
(Preferred Name)

AIMG Program 2025 Cycle online application, hereby affirm that all names listed below are variations of my legal name/signature and are one and the same person.

Enter your name variation on each line as it appears on each supporting document **only if it is different than your preferred name provided above**. These are suggestions of documents that applicants may be required to provide in their application. Spaces are added for any additional documentation. Repeat for as many variations as applicable.

Ex. John C. A. Doe as shown on my Medical Degree

Ex. John Chris Alex Doe as shown on my Canadian Passport

Ex. John Chris Doe as shown on my Alberta Health Care Card



Alberta
International Medical
Graduate Program



1. _____ as shown on my _____
2. _____ as shown on my _____
3. _____ as shown on my _____
4. _____ as shown on my _____
5. _____ as shown on my _____
6. _____ as shown on my _____
7. _____ as shown on my _____
8. _____ as shown on my _____
9. _____ as shown on my _____
10. _____ as shown on my _____

Signature¹: _____

Sign Here (use a pen)

(Repeat for as many signature variations as present in your supporting documentation)

11. _____ as shown on my _____
12. _____ as shown on my _____
13. _____ as shown on my _____

Below is a list of examples to help guide you in completing this form. This list is not comprehensive, but an example of documents to consider.

¹ Signature - used on your AIMG Program 2025 Cycle Applicant Identity Verification form. If your signature varies across documents, please indicate all signatures in the spaces provided above.



Alberta
International Medical
Graduate Program

 UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Medicine

 UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Note: Documents required will vary depending on the option under which you are applying; (Option A, Option B, or Option C.) It is the applicant's responsibility to ensure all documents containing the applicant's name be identified.

- *Alberta High School Transcript*
- *Postsecondary Transcript*
- *Applicant Identity Form*
- *Statutory Declaration*
- *Alberta Driver's Licence/ID card*
- *Alberta Personal Health Card*
- *Canadian Passport*
- *Permanent Resident Card*
- *English Language Proficiency (IELTS, OET, CELPIP)*
- *Medical Degree*
- *NAC Statement of Results*
- *QE1 Statement of Results*
- *Physiciansapply.ca*
- *Work or Guarantor Letter*