



# Alberta International Medical Graduate Program

UNIVERSITY OF ALBERTA  
FACULTY OF MEDICINE & DENTISTRY  
Department of Medicine

UNIVERSITY OF CALGARY  
CUMMING SCHOOL OF MEDICINE

## Alberta International Medical Graduate Program RESIDENCY in ALBERTA STATUTORY DECLARATION

IN THE MATTER OF an application relating to the Alberta International Medical Graduate Program, 2026 Cycle:

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta,  
(Applicant's Name) (Name of City/Town)

### DO SOLEMNLY DECLARE THAT:

1) I certify that, on the date shown below, I am the individual named above and appeared before a Notary Public or Commissioner for Oaths to:

- a) compare my physical appearance with the photograph on my valid government-issued identifying documents, *and*
- b) compare my signature made in my presence on this form with the signature on my valid government-issued identifying documents.

2) I have been physically present and continuously living on a day-to-day basis in the province of Alberta from December 1, 2024, until May 18, 2025.

3) I am aware that falsification of information is sufficient cause for the AIMG PROGRAM to disqualify my application from this and any future AIMG Program cycles. All fields in this form must be written.

4) **Attached** to this Statutory Declaration and included in my supporting documents upload:

- a) A true copy of my valid and up-to-date Alberta Operator's License or Alberta (non-operator) photo identification (ID) card, *and*
- b) A true copy of my active Alberta Personal Health Card, *and*
- c) A Letter of employment **AND/OR** a Letter from an accredited Alberta educational institution **AND/OR** a community/individual Guarantor Letter, which substantiate(s) my claim of residence in Alberta.

☐ I make this solemn declaration that I was **virtually** present before the notary/commissioner for oaths and was linked with the commissioner utilizing video technology and the process for remote commissioning of affidavits was utilized.

**OR**

☐ I make this solemn declaration that I was **physically** present before the notary/commissioner for oaths, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Applicant's Signature

**DECLARED BEFORE ME at**

\_\_\_\_\_, in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 2025.  
Name of City/Town

\_\_\_\_\_  
A Notary/Commissioner name/signature in & for the Province of Alberta

\_\_\_\_\_  
Notary/Commissioner Daytime Phone Number

Note to Notary/Commissioner of Oaths – Please include your embossed seals or rubber stamps on this form.  
2026 Cycle