



# Postgraduate Medical Education UNIVERSITY OF TORONTO

## **REQUEST FOR CERTIFICATE DELIVERY**

### **Personal Information:**

Full Name: \_\_\_\_\_  
*First Name, Middle Name(s), Last Name*

Former Name (if applicable) \_\_\_\_\_  
*First Name, Middle Name(s), Last Name*

\_\_\_\_\_ *E-mail Address* \_\_\_\_\_ *Phone Number (Required by Courier Co.)*

UofT Student Number (or date of birth) \_\_\_\_\_

Delivery Address: \_\_\_\_\_

**NOTE:** *All certificates that are delivered require a signature by the receiving party. Please note that courier services will not ship to P.O. Boxes.*

*Please use a delivery address that can receive packages during regular business hours to avoid delay and returned certificates.*

*Certificates will be held for one year after the date of issuance and then destroyed if unclaimed.*

### **PGME Certificate Information:**

Department: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Program Completion: \_\_\_\_\_

\_\_\_\_\_ *Signature (original signature required)* \_\_\_\_\_ *Date*

### **Payment Information:**

The delivery fee is:       \$20.00 CAD within Canada  
                                      \$40.00 CAD to the USA  
                                      \$60.00 to international destinations

Equivalencies in other currencies are not accepted. Please confirm your mode of payment: Money Order /

Certified Cheque payable to the University of Toronto

Credit Card (VISA Card or MasterCard only)

\_\_\_\_\_ *Card Number* \_\_\_\_\_ *Expiration (MM / YY)*

**Please return this form (with payment) to:**

Postgraduate Medical Education Office  
Faculty of Medicine, University of Toronto  
500 University Avenue, Suite 602  
Toronto, Ontario M5G 1V7