



**REQUEST FOR REPLACEMENT CERTIFICATE**

**Personal Information:**

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

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

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

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

E-mail: \_\_\_\_\_

**PGME Certificate Information:**

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

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

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

Reason for Replacement: \_\_\_\_\_

*NOTE: Your name will appear on the PGME certificate as it appears in the online POWER registration record and in conformity with its appearance in the CPSO registration record.*

*If you require your certificate to be delivered, please complete the Request for Certificate Delivery form (fees for delivery are noted on the form).*

*Replacement certificates will be held for one year after the date of reissuance and then destroyed if unclaimed.*

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

\_\_\_\_\_  
*Date*

**Payment Information:**

The fee is \$60.00 CAD for each replacement certificate. 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