



## MCCEE Examination Application Information

The MCCEE exam should be taken by all MUA Canadian students, as passing it is a requirement for participating in a Canadian Residency.

**Eligibility to sit for the Exam:** In order to take the Exam, you must be a medical school student within your final 20 months of completing all requirements to graduate.

The MCCEE examination is offered up to five times per year. Refer to the current exam schedule at:  
<http://mcc.ca/examinations/mccee/>.

*Please note* that you should complete the MCCEE exam by March in order to take the NAC-OSCE exam in September if you plan to enter the First Iteration of the ensuing Canadian Residency Match (CARMS).

1. Start by going to the Physicians Apply website: <http://physiciansapply.ca/>. To begin applying for the MCCEE examination, create an account here: <https://portal.physiciansapply.ca/Account/InitialLogin/>.
2. You must complete the *Certified Identity Confirmation Form* and mail it, along with a certified copy of a valid/non-expired passport, directly to the MCCEE. The *Certified Identity Confirmation Form* must be the original version with your signature on it, not a photocopy. For questions about this form or the application process, contact the MCC at 1-613-520-2240, or by email at: [service@mcc.ca](mailto:service@mcc.ca).
3. Contact MUA at [gradaffairs@mua.edu](mailto:gradaffairs@mua.edu) and request that a *MCCEE Student Attestation Form* be completed for you. This will be done by MUA administrative personnel and the completed form will be sent directly to the MCC via regular USPS mail to:

**Medical Council of Canada**  
2283 St. Laurent Blvd., Suite 100  
Ottawa, Ontario, Canada K1G 5A2

*These instructions have been prepared by Medical University of the Americas for the sole use of its students.*



### MCCEE STUDENT ATTESTATION FORM

This form is to be completed for an **INTERNATIONAL MEDICAL STUDENT** or a **US SCHOOL OF OSTEOPATHIC MEDICINE STUDENT** applying to the Medical Council of Canada Evaluating Examination (MCCEE).

- This form must be completed by the **DEAN** or **REGISTRAR**.
- The Dean or Registrar must confirm that the student is within twenty (20) months of completing all requirements to graduate.
- The original completed and signed form must be submitted to the MCC - a photocopy of the completed form **will not** be accepted.

**PLEASE PRINT CLEARLY  
THIS IS TO CERTIFY THAT**

John Doe  
Student's Given Name(s) Surname

is a medical student in good standing and within **twenty (20) months** of completing all requirements to graduate from the medical school program

at Medical University of the Americas Same  
Name of Medical School Name of University

Campus: Potworks Estates, Charlestown, Nevis, St. Kitts & Nevis  
in U.S. Office: 27 Jackson Road, Suite 302 Devens, MA 01434 USA  
City Country

The above-named student is fully expected to graduate and successfully complete all requirements to receive his/her final medical diploma on the date(s) indicated below.

**The expected date of completion of all requirements for the medical degree is:** year 2014 month 05 day 16

**The expected date of awarding of the diploma is:** year 2014 month 05 day 16

Certified by: \_\_\_\_\_  
Signature of Dean or Registrar Name of Dean or Registrar

Title: University Registrar

Date: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

\_\_\_\_\_  
University seal or stamp