

Medical Student Document Citation

Please ask staff from your home medical school to complete this form. Your home medical school must email the form and cited documents directly to undergrad@cpsbc.ca. The cited copies of your passport and driver's licence must be initialed, dated, and attached to this form. Your school stamp must be on each document.

DOCUMENT CITATION		
Name of student: _____		
Provide two (2) valid pieces of government-issued identification:		
Passport	_____	_____
	Country	Number
Driver's licence <i>or</i> other government- issued photo ID	_____	_____
	Issuing province/state/country or description	Number

MEDICAL SCHOOL ATTESTATION	
Name of medical school: _____	
Name of medical school staff member: _____	
Initialed and dated photocopies attached:	
<input type="checkbox"/> Passport	MEDICAL SCHOOL STAMP OR SEAL (if available)
<input type="checkbox"/> Driver's licence or other form of government-issued photo ID	
I declare that the attached photocopies of the medical student's documents stated above are of the original documents and that the attached and signed photocopies are a true likeness of him/her.	
Signature: _____	
Date: _____	