

Authentication of a Physician's Signature

1. Identity of person making the request

Name: _____

Given name: _____

Address: _____

Telephone number: _____

Fax: _____

E-mail: _____

Reason for the request: _____
(Visa, adoption purposes, other)

2. Space reserved for internal use

Request received on: _____

Request processed on: _____

Doctor's name: _____

Permit number: _____

Document used for authentication: _____

Notes: _____

Please fill in section 1 of the form and return it by mail at the address below, or present yourself at the Collège des médecins du Québec, preferably with an appointment:

Réception
Collège des médecins du Québec
1250, boulevard René-Lévesque O., bureau 3500
Montréal (Québec) H3B 0G2

Conditions :

- The document to be authenticated must be of a medical nature, must be an original and on paper form (the authentication may be done on a separate copy if the original has been presented).
- The document must be written in French or in English.
- The document must be dated. If it is older than one year, it may be authenticated if the physician was registered on the membership roll at the date specified on the document.