CEHPEA
CENTRE FOR THE EVALUATION OF HEALTH PROFESSIONALS EDUCATED ABROAD

LANGUAGE PROFICIENCY FORM: MEDICAL SCHOOL

PLEASE AFFIX THE SCHOOL STAMP OR SEAL IN THIS SPACE

CEHPEA APPLICANT MUST COMPLETE THIS SECTION:

I, ______________________________, am applying to CEHPEA.
Full Name of Applicant: Print or Type

In support of my application, I require the medical school, ______________________________,
Name of Medical University/College

from which I graduated to confirm that the language of instruction including the language of patient care at this medical school was conducted completely in English or French.

______________________ Signature of Applicant

______________________ Date of Signature

MEDICAL SCHOOL MUST COMPLETE THIS SECTION:

I confirm that Dr. ______________________________ graduated from the medical school
Full Name of Applicant: Print or Type

at ______________________________ in ______________ . This letter also confirms that the
Name of Medical University/College — Month/Year

language of instruction in the medical school of this university, including the language of patient care, is conducted completely in ______________ . I understand that patient care includes communication between physicians;
English or French

communication between physicians and other associated health professionals; and the official language of patient records.

I understand that this form will serve as one of the basic eligibility requirements for consideration in the medical programs under the auspices of CEHPEA and I confirm that the information contained herein is true.

Sincerely,

______________________ Signature of Dean or Registrar

______________________ Print Name of Dean or Registrar

______________________ Date of Signature

______________________ Address of Medical School

______________________ Telephone Number

Note: This form, once completed, must be returned directly to CEHPEA by the applicable deadline from the medical university/college.
Ensure the original form letter is mailed promptly to CEHPEA at:

80 Bloor Street West, Suite 902, Toronto, ON, M5S 2V1

Please do not return the completed form to the applicant. Faxes will not be accepted.

April 17, 2007