

AUTHORITY TO DISCLOSE / RECEIVE INFORMATION CONCERNING AN MCC CANDIDATE

The Medical Council of Canada ('MCC') is not permitted to disclose personal information about a candidate to a third party (i.e., relative, friend or agent) without the candidate's consent. A candidate may authorize a third party ('Agent') to communicate and/or act on the candidate's behalf by completing this form in accordance with the MCC Privacy Policy.

CANDIDATE'S AUTHORIZATION

PRINT CLEARLY or TYPE

I (full name) _____ (tel.) _____

(email) _____ (MCC Candidate code) _____

authorize my Agent (full name) _____

to communicate with the MCC on my behalf regarding (please check all that apply):

The processing and progress of my **source verification request(s) (SVR)**

The processing and progress of my **examination application(s):**

NAC Examination

MCCQE

All exams

This Authorization and the Agent's access will expire **one year from the date** this document is signed, unless otherwise withdrawn by either the Candidate or the MCC, in at either party's sole discretion, at any time without the Agent's consent, and with or without notice.

I understand that it is my responsibility to inform the MCC before the expiry date if I no longer wish for the Agent indicated on this Authorization to act on my behalf and that I shall remain responsible for the Agent's use of my information and account.

I acknowledge that the MCC shall have no liability in connection with this Authorization including any breach or unauthorized action taken by the Agent and I agree to indemnify, defend and hold harmless the MCC, its officers, representatives, directors, employees and agents from and against all losses, expenses, liabilities, damages and costs arising from or related to this Authorization and any breach thereof.

✕

* Candidate's signature

* Date (yyyy/mm/dd)

[Agent's Consent on following page]



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

ADDRESS | 1021 THOMAS SPRATT PLACE
OTTAWA ON K1G 5L5
CANADA
CONTACT | Tel: 613-520-2240
MCC.CA | Email: service@mcc.ca

AGENT'S CONSENT
PRINT CLEARLY or TYPE

I (*full name*) _____

consent to act as the Agent of (*candidate's name*) _____

as authorized above. My contact details are as follows: _____

Address

Tel. _____ Email _____

I understand that I am not permitted to disclose any of the Candidate's information to any third party (e.g., relative, friend or agent) without the Candidate's prior written consent and that all of the Candidate's information is confidential and shall be used only to communicate with the MCC on behalf of the Candidate for the purposes specified in the Candidate's Authorization.

I acknowledge that the MCC shall have no liability in connection with this Authorization and I agree to indemnify, defend and hold harmless the MCC, its officers, representatives, directors, employees and agents from and against all losses, expenses, liabilities, damages and costs arising from or related to this Authorization and any breach thereof.

✕

* Agent's signature

* Date (yyyy/mm/dd)