1243 Islington Avenue, Suite 501
Toronto, Ontario M8X 1Y9
P : 416 234 8800 | F : 416 234 8820
www.alliancept.org

Examination Program - Candidate Medical Certificate

Section A

To be completed by candidate:

Candidate name (please print): ______________________________

CAPR Candidate ID: ______________________________

I hereby authorize this physician/nurse practitioner to provide the following information to CAPR and, if required, to supply additional information relating to my withdrawal from the examination on:

List date(s): ______________________________

Candidate Signature: ______________________________ Date: ______________

Section B

To be completed by the Physician/Nurse Practitioner:

I hereby certify that I provided health care services to ______________________________

on the following recent date(s) ______________________________

On the basis of that episode of care, I am providing the following information for use by CAPR in assessing what special consideration, if any, should be given to this candidate in respect of his/her withdrawal from the examination.

1. Nature of the health problem (if the candidate has not authorized you to disclose the nature of a problem of a highly personal or sensitive nature, but has authorized disclosure of other pertinent information, please respond to questions 2-5 as fully as possible):

   ____

   ____

2. Is this an acute or chronic problem for this candidate? ______________________________

3. Date of onset of acute problem (or acute episode if problem is chronic)? ______________________________

4. Timeline of the problem and its treatment:

____

____

5. In your opinion, how did this problem and/or the treatment affect the candidate's ability to attend and take the examination date(s) listed in section A:

____

____

____

Section C:

Verification by Physician/Nurse Practitioner:

____

Name (please print) Registration Number

____

Signature

____

Address

____

Telephone Date

Please return completed original form to patient and retain a copy for the patient's chart.

Note: *Any cost for completing this certificate must be paid by the patient.*