

AUTHENTICATION OF A PHYSICIAN'S SIGNATURE



COLLÈGE
DES MÉDECINS
DU QUÉBEC

1. Identity of person making the request

Name : _____
Given name: _____
Address : _____
Telephone number : _____
Fax : _____
Email : _____
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 email gda@cmq.org , or by mail at the address below, or with an appointment at the Collège des médecins du Québec :

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

Conditions :

- 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.