

Statutory Declaration Justification for Replacement Certificate

Instructions:

- 1. Please complete this Statutory Declaration if you are requesting for a replacement certificate of residency, or clinical or research fellowship training to be issued for those whose training ended before June 30, 2011.
- 2. Have this Statutory Declaration signed and sealed by a Notary Public (Notary Public is a public official who can authenticate documents with a notarial seal. Many lawyers are also Notaries. A Notary Public is not equivalent to a Guarantor. Please contact a local law office in your area). Please note that you are responsible for any associated fees.

	(Name of	Declarant)	
of(City/Municipality)	in	the	
(City/Municipality)		(Province and	or Country)
do solemnly declare that I successfu University of Toronto:	lly completed the follo	wing postgraduate medical edu	cation program at the
Department of Medicine, Ur	niversity of Toronto		
Division/Program Name:			
Date of Program Completio	n:		
The DOM certificate was:	Lost	Destroyed	
due to the following circumstance	ces:		
I HEREBY UNDERTAKE, as a condition restored to my possession, I will forthwith University of Toronto, for cancellation. AND I MAKE THIS SOLEMN DECLARAT and effect as if made under oath.	return the replacement	to the Department of Medicine Offic	e, Faculty of Medicine,
Signature of Declarant		_	
	unicinalitu)	(Province/State)	(Country)
_	unicipality)	(Province/State)	(Country)
Declared before me in(City/Ma	unicipality)	(Province/State)	(Country)
Declared before me in(City/Mi	unicipality)	-	(Country)
Signature of Declarant Declared before me in	unicipality)	-	