



I, _____ of _____

In the Province of _____ attest to the following:

1. I am on the Regulated Associate Member in the Resident Membership Class of the College of Physicians and Surgeons of Manitoba (CPSM), and in good standing.
2. I am registered with the Division of Postgraduate Medical Education at the University of Manitoba.
3. I have successfully completed the MCCQE Part 2.
4. I have attended the Drug Prescribing Safety course through the Faculty of Medicine, PGME Core Curriculum on limited resident prescribing.

Resident Name (print)

Witness (print)

Resident Signature

Witness Signature

CPSM License #

Date