

## General information

### Who must complete this declaration

This declaration must be completed by individuals who practise or have the training to practise the profession of medicine.

### Steps to take

Please read the Declaration below, complete and sign it, attach the original to your file and keep a copy.

### Declaration

I, \_\_\_\_\_, practising medicine or having an international medical degree, declare:

- I have taken note of the steps to take and the conditions to satisfy to obtain a permit to practise medicine in Québec, which are presented on the website of the [Collège des médecins du Québec \(CMQ\)](#);
- I have been informed of the difficulty faced by an international medical graduate in meeting the requirements for obtaining a permit to practise medicine in Québec.

Accordingly, I understand that:

- obtaining a Québec certificate of selection (CSQ) does not guarantee that I will receive authorization to practise medicine in Québec;
- a degree from a medical faculty or a permit to practise obtained outside Québec does not automatically give me the right to practise medicine in Québec;
- in order to practise medicine in Québec, I must obtain a permit to practise from the CMQ and that, to obtain this permit, I am subject to requirements including:
  1. **satisfy the training requirements by obtaining recognition** of the equivalence of my degree<sup>1</sup> by the CMQ, or by obtaining a degree specified by regulation (e.g. a Québec Doctor of Medicine degree<sup>2</sup>);
  2. **successfully complete postgraduate training**<sup>3</sup> (or residency) of 12 to 84 months in family medicine or a specialty;
  3. **successfully complete the examination** for one of the specialties in Québec;
  4. **successfully complete the French language examination** if I cannot provide proof, pursuant to Article 35 of the Charter of the French Language (C-11), that I have an appropriate knowledge of French.
  5. **meet the other conditions required by the CMQ.**
- I must contact the CMQ as soon as possible if I wish to practise medicine in Québec;

In witness whereof, I have signed at

\_\_\_\_\_  
City Country or territory Date (year/month/day)

\_\_\_\_\_  
Signature

1. In order to have the equivalence of my degree recognized by the CMQ, I must successfully take examinations for which fees are charged.

2. If I wish to obtain a Québec Doctor of Medicine degree, I must successfully complete the postgraduate program in medicine offered by a medical faculty in Québec. I may have difficulty being admitted to a Québec medical faculty since the number of places in this program is lower than the number of admission applications.

3. There is no guarantee that I will be admitted in a postgraduate program; recognition of the equivalence of my degree does not always lead to admission to postgraduate training programs, as the decision whether or not to admit an applicant is the prerogative of the universities. Furthermore, there is no guarantee that I will be admitted in a specialty that I wish to practise since the number of places available in each specialty is limited. I must meet the admission requirements of Québec medical faculties to be admitted to postgraduate training.