

## CONSENT TO RELEASE OF INFORMATION RELATING TO THE PRACTICE-READY ASSESSMENT

### Names of the PRACTICE-READY ASSESSMENT (PRA) programs in the various provinces:

- BC:** Practice-Ready Assessment – British Columbia (PRA-BC)
- AB:** Practice Readiness Assessment (PRA-AB)
- SK:** Saskatchewan International Physician Practice Assessment (SIPPA)
- MB:** Practice-Ready Assessment Manitoba (PRAMB) – Family Practice and/or  
Practice-Ready Assessment Manitoba (PRAMB) – Specialty Practice
- ON:** Practice Ready Ontario (PRO)
- NS:** Nova Scotia Practice-Ready Assessment Program (NSPRAP)
- NL:** Practice Ready Assessment – Newfoundland and Labrador (PRA-NL)

All candidates selected to undergo a Practice-Ready Assessment in one of the provinces in Canada (see list above for names of PRAs by province), are required to complete and sign this Consent to release of Information Relating to the Practice-Ready Assessment (“**Consent**”) prior to starting the PRA. Information relating to your PRA attempt will be recorded by the Medical Council of Canada (“**MCC**”) in your physiciansapply.ca account and may be made available to provincial/territorial College(s) of Physicians and Surgeons (“**College(s)**”) according to the terms set out below. The Colleges may use this information in their consideration of candidates for licensure/registration.

### Consent:

I hereby consent to the MCC's collection, use and disclosure of my personal information as defined in the MCC's Privacy Policy, found at [mcc.ca/privacy-policy](http://mcc.ca/privacy-policy) (“**personal information**”) for the purposes described in this Consent and in accordance with the MCC's Privacy Policy. I understand that all MCC staff may have access to my personal information, including any and all medical credentials and documentation including personal information submitted by or in respect of me in support of any previous MCC examination applications and/or source verification requests, where they have a need to know for the purpose of recording the PRA attempt.

### Sharing of personal information between the College of Physicians and Surgeons and the MCC:

I hereby authorize the College in the province in which I will be undertaking the PRA to provide the letter confirming my results on the PRA (“**PRA result letter**”) to the MCC for the purposes of the MCC recording the PRA attempt in the MCC Physician Credentials Repository (“**Repository**”), more specifically in my physiciansapply.ca online account (“**account**”), and adding the PRA result letter to my account. I understand that the College may provide to the MCC, and/or the College and the MCC may exchange, some personal information pertaining to me in order to confirm my identity for the purpose of adding my PRA result letter and this signed Consent to my physiciansapply.ca account. Such information may include, but not be limited to, full name, date of birth, Candidate Code and MINC. I further acknowledge and agree that the College will provide a result letter to the MCC at the end of the PRA, regardless of whether or not I am successful on the PRA, and regardless of whether or not I complete the full intended period of the PRA.

I understand that the MCC uses de-identified data from the PRA assessment period for research purposes and ongoing quality assurance, development and improvement of the assessment.

Initials \_\_\_\_\_

**Disclosure of personal information by the MCC:**

Further to the above, I understand that, when the MCC has recorded my PRA attempt in my account, any provincial or territorial College with whom I have shared, or may in the future share, any of my information/ documents in my account will be able to view the number of PRA attempts in my account. The disclosure of the number of PRA attempts will occur even if I have not explicitly shared the PRA result letter with that College and even if I have withdrawn consent to share the PRA result letter.

**Immunity and release:**

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) The MCC and the College, and their respective employees, agents, representatives, members, directors and officers;  
and
- (2) Any PRA program and their respective employees, agents, representatives, members, directors and officers;

(the persons and entities in items (1) and (2) are collectively known as the "**MCC Group**"), for or in respect of any acts, communications, reports, records, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

**Please complete and sign below.**

**Note: Ensure that you add your initials at the bottom of page 1.**

_____ * Surname	_____ * Given name(s)
_____ / _____ / _____ * Date of birth (yyyy/mm/dd)	_____ Candidate Code
_____ * Signature	_____ / _____ / _____ * Date (yyyy/mm/dd)

\* Required