

THERAPEUTICS DECISION-MAKING (“TDM”) EXAMINATION CANDIDATE CONFIDENTIALITY AND CONSENT AGREEMENT

I understand that all examination materials related to the TDM Examination (“**TDM Exam**”) are confidential and that the copyright of all examination materials belongs exclusively to the Medical Council of Canada (©MCC/CMC).

I understand that I cannot discuss or disclose examination content to others (except to TDM Exam staff members) at any time, in any form, during or after the examination. This includes comparing responses with others, sharing examination content with future examination candidates, and posting case information or examination questions online.

I understand that any breach in confidentiality of examination materials may lead to disciplinary measures, including the invalidation of my test results and a rejection of my Practice-Ready Assessment (“**PRA**”) application as well as prevention of my participation in all MCC examinations/assessments. The PRA Program (listed below) may take disciplinary measures and legal remedies against any candidate or others who violate these provisions and may communicate the violation to other PRA Programs.

I understand that the Medical Council of Canada (“**MCC**”) may also take disciplinary measures and legal remedies against any candidate or others who violate these provisions. Legal remedies may include a claim for damages. I agree and consent that notification may also be given to medical regulatory authorities or any other entity responsible for medical education and/or training, and/or credential verification. I authorize MCC to notify hospitals, clinics and other relevant medical facilities or organizations including CaRMS, where MCC is of the opinion that the organization has a legitimate interest in such information.

I hereby authorize the [CPSA's PRA-AB] to share the record of my TDM Exam attempt with the MCC and other participating PRA Programs and medical regulatory authorities for tracking TDM Exam attempts and results. I also consent to the sharing of the following personal information; my full name, date of birth, MINC and physiciansapply.ca candidate code to confirm my identity when recording my TDM Exam attempt and result. I understand that these organizations will treat my personal information in accordance with their respective privacy policies. For more information on the MCC policy, please consult the [Privacy Policy](#) webpage. I further acknowledge and agree that the MCC will upload a result letter in my physiciansapply.ca account, which will be subject to the terms of use of physiciansapply.ca, regardless of whether or not I am successful on the TDM Exam.

I understand that the MCC uses de-identified TDM Exam data and may link them to other MCC assessment data for research purposes and ongoing quality assurance, development and improvement of the examination.

My signature below indicates that I have read and agree to be bound by the terms set out above

Given name: (Please print)	
Surname: (Please print)	
Physiciansapply.ca candidate code:	
MINC (if available):	
Signature:	
Location: (City, Province or Country)	
Date:	