

MCCEE Application Form Instructions - *PRINT & SAVE THIS INFORMATION*****

The MCCEE exam should be taken by all MUA Canadian students, as passing it is a requirement for participating in a Canadian Residency. Successful completion of the MCCEE exam is also a requirement for obtaining a J1 visa, which is needed by Canadians in order to participate in many US residency positions.

Eligibility to sit for the Exam:

You must be in your fourth year of medical school and in clinical rotations in order to be eligible to take the MCCEE exam. As with the USMLE Step II CK, **the MUA rule states that you must have completed at least 4 of your core clerkships, which must include completing IM and Surgery, along with one other rotation** (which can be either the final core or an elective like FM) before sitting for the MCCEE exam. We will submit your MCCEE form to the MCC once you have completed 40 weeks of rotations, as long as your sit date will occur only after you have completed the above-mentioned prerequisite requirements.

Also, you should definitely plan to do a 4-week Family Medicine elective (if you have not already done so) in order to meet the Canadian requirements for residency and licensing.

When you are ready to apply for the MCCEE, please refer to the instructions and sample forms on the MUA main website's *Forms* page at: http://www.mua.edu/mua/images/Forms/MCCEE_Application_Instructions.pdf. The rotation names, dates and locations to be listed on the Clinical Attestation Form should be filled out by you and then scanned and emailed to me, (or hard-copy mailed to my attention) in order for us to complete, sign, and apply the school seal to that form. List *only* those rotations that have been approved by your MUA Clinical Coordinator. Also, be sure to list the date ranges of your clinical rotations in the order the form asks for: **DAY/MONTH/YEAR**.

The MCCEE examination is offered five times per year. See <http://www.mcc.ca/en/exams/ee/> for the current exam schedule.

Please note that you must sit for the MCCEE exam by either May or September if you plan to enter the First Iteration of the ensuing Canadian Residency Match (CARMS). *Example:* Take the MCCEE in May or September if you plan on entering the next CARMS Match (which requires all documents to be in by late November).

1. Begin applying for the MCCEE examination here: <http://mcc.ca/en/exams/ee/apply.shtml>
2. Log onto [MyMUA](#) and go to the **CLINICALS** section. The first link, **Your Clinical Grades**, will list your clinical schedule, including the date ranges. Complete the *Final Year Clinical Experience Attestation Form* by listing your entire clinical schedule on it, including date ranges (in the Canadian format please) and locations. All Core and Elective clerkships that you have on your schedule (whether already completed or scheduled for the future) should be listed on this form, with your Core rotations being of the greatest importance. Please inform the MUA Clinical Department if you note any discrepancies in your schedule.
3. Send your completed form to the MUA office in Devens, Massachusetts to the attention of the Graduate/Alumni Affairs Department. If you are able to scan and email these two forms as pdf attachments, that would be preferable. Email them to gradaffairs@mua.edu or j.lawson@mua.edu, or hard-copy mail them to the MUA Devens, MA address. Then, we will sign, seal, and date both of the completed forms and send them directly to the MCCEE via regular mail.
4. You must complete the *Student Application Form* and the *Student Declaration Form* yourself, and mail those two forms directly to the MCCEE. The *Student Declaration Form* must be the original version with your signature on it, not a photocopy. If you do not wish to send your 2 forms directly to the MCC yourself, you may choose to complete those two forms and send them to us, along with the forms that we need to sign. Then, we will mail all four forms directly to the MCCEE from MUA.

NOTE: Do **NOT** estimate your graduation date on your original documents to the PCRC. As you will note, in the section called 'Student Expected Graduation Date' on the Student Application Form for the MCCEE exam, the graduation date you originally gave the PCRC will automatically show up and print out (as will most of the information on that form). However, **MUA has four set graduation dates per year**, and the expected graduation date that appears on your *Student Application Form* must match the date we list on the forms we fill out for you. If you are unsure about what *exact* graduation date to list, please contact us at 978-862-9500. If after checking with us, you find that your application form already has the wrong date on it, cross it out in ink, write the correct date next to it, and then write your initials beside that.



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**ATTESTATION IN SUPPORT OF AN APPLICATION TO THE
MEDICAL COUNCIL OF CANADA EVALUATING EXAMINATION (MCCEE)
BY AN INTERNATIONAL MEDICAL STUDENT IN THE FINAL CLINICAL
YEAR OF HIS/HER MEDICAL SCHOOL PROGRAM**

*This form is to be completed for STUDENT APPLICANTS ONLY, by the DEAN OR REGISTRAR of the medical school, and submitted with the application form. Please print clearly or type.
A completed photocopy of this form will not be accepted.*

This is to certify that

Student's Given Name(s) John Family Name Doe

is a medical student in the **final clinical year** prior to receiving his/her medical diploma

at Medical University of the Americas Same
Name of Medical School Name of University

Campus: Potworks Estates, P.O. Box 701, Charlestown, Nevis, St. Kitts & Nevis

in U.S. Office: 27 Jackson Road, Suite 302, Devens, MA USA
City Country

and that

the above-named student is in good standing and fully expected to graduate and successfully complete **all** requirements to receive his/her final medical diploma on the date(s) indicated below.

The expected date of completion of all requirements for the medical degree is: day 06 month 01 year 2012

The expected date of awarding of the diploma is: day 06 month 01 year 2012

I also accept responsibility to confirm in writing to the Medical Council of Canada:
(1) immediately upon any change in the student's standing/status, and
(2) whether the above named student does or does not graduate on the date indicated above.

Certified by: _____ Ms. Amy E. LeCain
Signature of Dean or Registrar Print Name

Title: University Registrar University Seal: _____

Date: year 13 month 06 day 2011

***** Please check your schedule online at MyMUA before filling out the MCCEE Student Final Year Clinical Experience form (<http://www.mua.edu/mua/index.php/current-students>), and inform the Clinical Department of any discrepancies in your schedule at: clinicals@mua.edu. *****



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

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**INTERNATIONAL MEDICAL STUDENT (IMS)
FINAL YEAR CLINICAL EXPERIENCE ATTESTATION
IN SUPPORT OF AN APPLICATION FOR THE MCC EVALUATING EXAMINATION**

An **original** form is to be completed by the **COORDINATOR OF YOUR CLINICAL CLERKSHIP/ELECTIVE PROGRAM⁽¹⁾** **OR** by the **PROGRAM DIRECTOR IF THE FINAL YEAR OF TRAINING IS A MANDATORY INTERNSHIP PROGRAM⁽²⁾** and submitted with your Application Form. **Please check one of the following:**

- (1) The final year of the applicant's medical degree requirements consists of a Clinical Clerkship/Elective Program, i.e. a formal elective period for which an evaluation is completed by, or submitted to, the student's medical school.
- (2) The final year of the applicant's medical degree requirements consists of a mandatory period of pre-diploma internship training, at the postgraduate training level.

Please print a second form if additional space is required to list all the rotations; in this case, **both** pages must be signed by the Coordinator or Program Director. **A completed photocopy of this form will not be accepted.**

**PLEASE TYPE OR PRINT CLEARLY
Schedule of Final Year Clinical Experience for**

Candidate's Given Name(s) _____ Surname _____

Clinical Clerkship Rotations **OR Pre-diploma Internship Rotations**

Hospital/Teaching Institution	/	City/Country	day/month/year to day/month/year	Discipline Rotations
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____
_____	/	_____	_____ to _____	_____

Issued at _____ ON day _____ month _____ year _____
City / Country

Signature _____ Medical University of the Americas
Name of Medical School or Institution
University Seal or Stamp
Name (print) _____
Title _____