

## Confirmation of Identity

As supervisor, it is your responsibility to ensure confirmation of identity prior to the commencement of the visiting physician's period of registration and licensure.

**Please print all responses.**

I, \_\_\_\_\_, declare that the attached and signed photocopies of Dr. \_\_\_\_\_'s:

**passport**

\_\_\_\_\_ COUNTRY \_\_\_\_\_ NUMBER \_\_\_\_\_

and

**photo identification**

\_\_\_\_\_ ID TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

**OR**

**birth certificate**

\_\_\_\_\_ NUMBER \_\_\_\_\_

and

**photo identification (1)**

\_\_\_\_\_ ID TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

and

**photo identification (2)**

\_\_\_\_\_ ID TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

**Note:** One of the photo identifications must be a BC driver's licence, when available, or a Canadian driver's licence. If a Canadian driver's licence is unavailable, a notarized international driver's licence is acceptable.

are of the original document and are a true likeness of him/her.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please scan and email the completed form with supporting documentation to [registration@cpsbc.ca](mailto:registration@cpsbc.ca).**

**Note:** This document must be provided to the College within two business days of the start date of the visiting physician's licence. Failure to do so may result in the visiting physician's registration and licensure being cancelled, **and** impact future authorizations for you to be a registrant's supervisor.