



## Verification Information

Please print clearly

Physician Last Name	Physician First Name	Physician Date of Birth (dd/mm/yyyy)
Email Address of Physician/Business Requesting Verification		Ph. Number of Physician/Business Requesting Verification
Company Name & Contact Name Requesting Verification (if applicable)		

## Method of Payment - If Submitting Form Via Email, Do Not Provide Credit Card Number - Please Call 306-966-5557

**Credit Card**    MasterCard    Visa

For Internal Use Only: CFOAPA & Description:

Card Number	Expiration Date (mm/yy)
Name on Card	Amount \$
Signature of Cardholder	

**Cheque** (Attach cheque made payable to: University of Saskatchewan)

Name on Cheque	Cheque Number
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**Money Order** (Attach money order made payable to: University of Saskatchewan)

Sender Name	Serial Number
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## How to Submit

Submit this form with payment, the verification form and authorization to release information consent form in one of the following ways:

### Mail / Courier

PGME Office - St. Andrew's College  
Room 411 - 1121 College Drive Saskatoon, SK Canada S7N 0W3

**In Person** PGME Office - Room 411 - St. Andrew's College  
1121 College Drive - Saskatoon, SK Canada S7N 0W3

**Hours:** 8:30 am – 4:30 pm, (M-F) Closed Weekends and Statutory Holidays

**Email (Do not email credit card information; please phone or fax)**  
**Attention** Samantha Curnew: sam.curnew@usask.ca

**Fax (credit card information can be faxed):** 306-966-5524

**Phone** 306-966-5557

## Fees

<b>Basic Verification</b>	<b>\$75.00</b>
<u>Additional Fees:</u>	
Courier documents within Canada	<b>\$15.00</b>
Courier documents to U.S	<b>\$25.00</b>
Courier documents to International	<b>\$35.00</b>
FAX documents within Canada & U.S (per page)	<b>\$2.00</b>
Certificate	<b>\$50.00</b>
Notarization of Document(s) (each)	<b>\$10.00</b>