



Postgraduate Medical Education Verification Fee Payment Form

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 306-966-8555

Credit Card: MasterCard Visa

For Internal Use Only: CFOAPA & Description:

| | | |
|-------------------------|-----------------------------------|-------------------------|
| Card Number | CVS number on back of card | 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 |
|----------------|---------------|

Money Order (Attach money order made payable to: University of Saskatchewan)

| | |
|-------------|---------------|
| Sender Name | Serial Number |
|-------------|---------------|

How to Submit

Submit this form with payment, the verification form and authorization to release information consent form by email only.

Email (Do not email credit card information; please phone)

Attention: Sonja Lazic: sonja.lazic@usask.ca

Phone: 306-966-8555

Fees

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