

Verification of Name Spelling

This form is to indicate the correct spelling of your full name which will appear in all documents. Please include all of your names on this document. By signing this document, you agree to the spelling of your name which cannot be changed for the duration of your training unless it is processed officially through the Registrar’s office at Dalhousie University by completing a “General Change Form” (this process can take up to three weeks). The CPSNS, CMPA, and other licensing bodies will need to be notified of this name change which will be the resident/fellow’s responsibility.

GIVEN NAMES (please print using capital and lower case letters, maximum 25 characters, use abbreviations in subsequent middle names if necessary)

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LAST NAME (please print using capital and lower case letters, maximum 30 characters, include hyphens as one space)

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I, hereby agree that the name above is authentic and will be used in all correspondence and legal documents issued by Postgraduate Medical Education for the entire duration of my training at Dalhousie University.

X _____

Signature

Date

For Office Use Only: <input type="checkbox"/> Database <input type="checkbox"/> File Folder (Academic) <input type="checkbox"/> File Folder (Visa Office)
