



**UNIVERSITY OF  
CALGARY**

**CUMMING SCHOOL OF MEDICINE**

**Undergraduate Medical Education**

**PERMISSION TO RELEASE  
MCC Qualifying Examinations Part I & II Results**

The MCCQE Part I & II exams are national measures of one's knowledge and clinical skills, respectively. Both, UME and our accrediting bodies (CACMS/LCME) require that students who are provided with different learning/training experiences (e.g. longitudinal vs. block clerkships; variation in class size) meet the required learning objectives and have equivalent educational experiences. The purpose of this letter is to obtain your consent permitting the Medical Council of Canada to forward to us (University of Calgary, Cumming School of Medicine) the results of your MCCQE Part I & II exams so that we can use these results as part of our ongoing program evaluation. All results will be used in aggregate form and no individuals will be identified. These results will be used for quality assurance purposes.

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I acknowledge that I have read, understood and agree to the above information. My signature on this release form authorizes the Medical Council of Canada to forward my MCCQE Part I & II results to the Associate Dean, UME, Cumming School of Medicine, University of Calgary.

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Student's Name (**Please Print**)

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Student's Signature

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Witness

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Date