

**ASSESSMENT VERIFICATION PERIOD for INTERNATIONAL MEDICAL GRADUATES:  
FINAL ASSESSMENT FORM**  
Updated May 2010

The Assessment Verification Period (AVP) is an assessment process for international medical graduates (IMGs) who have been admitted into the Ministry of Health and Long Term Care funded postgraduate residency training programs. The purpose of the AVP is to ensure the IMG meets the competencies necessary to function at their designated training level. The AVP occurs concurrently with training and candidates will be exposed to the goals and objectives of the given speciality during the 12 week period. IMGs must pass the AVP in order to continue on in their postgraduate education program.

The AVP allows for appropriate, supervised clinical activity. Candidates are assessed in a multidisciplinary environment with patient input on an ongoing basis. The AVP will:

- a) be twelve weeks in duration
- b) be taken at a medical school in Ontario
- c) provide assessment of the candidate's clinical skills, knowledge and judgment in the discipline in which the candidate is seeking postgraduate education, as appropriate for practice in the chosen discipline
- d) provide assessment in respect of whether the candidate,
  - is mentally competent to practice medicine
  - has the ability to practice with decency, integrity and honesty and in accordance with the law,
  - has sufficient knowledge, skills and judgment to engage in the kind of medical practice authorized by the certificate, and
  - can communicate effectively and displays an appropriately professional attitude.

Name of Candidate: \_\_\_\_\_  
CPSO Registration # : \_\_\_\_\_ **IMPORTANT ! Do not begin AVP without a valid CPSO Registration #**  
Obtained MD From: \_\_\_\_\_ Year: \_\_\_\_\_ Country : \_\_\_\_\_  
Ontario Medical School: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----**To be completed by the Assessors**-----

Location and Dates of the Assessment Verification Period:

Level of the AVP (PGY1 or PGY2+):

<b>Department:</b>	<b>Hospital:</b>	<b>Dates:</b>	<b>Duration in Weeks:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Cumulative Summary Observed Assessments:

	<b>U</b>	<b>BE</b>	<b>ME</b>	<b>AE</b>	<b>O</b>	<b><i>Legend</i></b>
Clinical Skills						<b><i>U – Unsatisfactory</i></b>
Technical Skills						<b><i>BE – Below Expectations</i></b>
Knowledge and Judgement						<b><i>ME – Meets Expectations</i></b>
Communication Skills						<b><i>AE – Above Expectations</i></b>
Professional Attitudes						<b><i>O – Outstanding</i></b>

Has the assessment of the candidate included assessment of the candidate’s basic skills appropriate for practice in the discipline in which the candidate is seeking postgraduate education?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

Has the assessment of the candidate included assessment of the candidate’s ability to demonstrate receptive and productive fluency in one of the official languages of Ontario sufficient for safe and effective medical practice in the residency program?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

Has the candidate successfully completed the Assessment Verification Period?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

Supervisor’s comments (please print clearly):

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\_\_\_\_\_  
*Name of Supervisor*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Program Director*

\_\_\_\_\_  
*Signature of Program Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Associate Dean or Delegate, PGME*

\_\_\_\_\_  
*Date*

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-----**To be completed by the Candidate**-----

By providing my signature below, I attest that I have read this assessment and understand that the results will be distributed as follows. The Postgraduate Office should forward copies of this evaluation to the CPSO and CEHPEA.

My comments (please print clearly):

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\_\_\_\_\_  
*Candidate's Signature*

\_\_\_\_\_  
*Date*

Important notes to the assessors and the candidate:

1. Once completed, this form must be sent **immediately** to the Postgraduate Office for PG Dean's signature. The Postgraduate Office will forward the form to the College for processing. . To ensure the CPSO has sufficient time to process the change from AVP to the full Postgraduate license, the Program Director must postdate their sign-off by at least 7 days.
2. **Upon completion of the AVP or upon date of Program Director sign-off, the candidate must cease practicing.** The candidate may resume practice only when the College has issued a Postgraduate Education certificate of registration. Candidate must call the College's Registration Department to confirm issuance of the certificate: (416) 967 – 2617, extension 221.
3. If the candidate is successful in the AVP, s/he will continue at the current level of postgraduate training.
4. If the candidate is not successful in the AVP, s/he will not be permitted to continue on and will be dismissed from the program.
5. Ensure all writing on form is legible. Illegible writing may result in delays in processing this form at all levels and therefore a delay in commencing and/or continuing training.
6. Before the candidate begins his or her AVP, s/he must have received from the College an educational certificate for AVP or been advised by the College's Registration Department that a certificate has been issued. Upon successful completion of the AVP and submission of AVP Form to CPSO, the CPSO will process the educational certificate for AVP into a full certificate of registration for Postgraduate Education. This must occur prior to the candidate continuing training in his/her residency program.

It is an offence under the Regulated Health Professions Act for a person to practice medicine in Ontario until such time as the person is registered and authorized to practice medicine by the College of Physicians and Surgeons of Ontario.

A completed Assessment Report must be forwarded by the Postgraduate Office to the following:

Registration Department  
College of Physicians and Surgeons of Ontario  
80 College Street, Toronto, Ontario, M5G 2E2  
Tel: (416) 967 – 2617 Fax: (416) 967 – 2623

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CEHPEA  
80 Bloor Street West, Suite 902  
Toronto, ON, M5S 2V1  
Tel: (416) 924 – 8622 Fax: (416) 924 – 8921