Appendix XIV:
DMP Acceptance of Appointment Form

DMP Acceptance of Appointment Form

I _____, of
(First Name, Initial, Surname)

(Practice address)

Accept the offer of appointment as a practitioner performing Canadian immigration medical examinations. I acknowledge that I have read, understand and accept the instructions, directions and guidelines in the *Handbook for Designated Medical Practitioners*.

I understand that by accepting this appointment, I agree to undertake Canadian immigration medical examinations in the manner and format defined and directed in the handbook. The handbook sets out the rules and standards of my appointment. I also agree to adhere to and follow the policies, procedures and guidance outlined in the handbook and/or provided by CIC medical officials, and any changes to these policies and procedures as may be made by CIC from time to time.

_____ Date: _____/_____/_____
(Print Name) YYYY MM DD

_____
(Signature)