

How to complete your Marine Medical

Step-by-Step Instructions

Step 1: Complete an application for a Candidate Document Number (CDN) with Transport Canada.

• You can download a copy of the form by <u>clicking here</u> or you can print the copy found on Page #2 of this document.

Step 2: Submit your completed CDN form along with two pieces of identification via email to: Charlene.pearce@tc.gc.ca or holly.whitten@tc.gc.ca.

- Documents to confirm your identity must be issued by a federal, provincial or municipal authority. The document must be valid and must include your name, signature and picture. For example:
 - Passport
 - Seafarer's Identity Document
 - Canadian Maritime Document
 - Permanent Resident Card
 - Firearms Licence
 - Federal, Provincial or Municipal Employee Identification Card
 - Driver's Licence
 - Provincial Health Care Card
 - Birth Certificate
 - Work, Student, Visitor or Temporary Resident permit issued by the Department of Citizenship and Immigration Canada
 - Registration of Birth Abroad Certificate
 - Citizenship Certificate

Step 3: Once you receive your Candidate Document Number, you can proceed to schedule your Marine Medical appointment with a registered physician that is approved to complete Transport Canada Seafarer's Marine Medicals.

- To find a registered physician in your area <u>click here</u> (or see the list on Page #3 of this document).
- You can also contact one of the following offices for assistance:

Atlantic Offshore Medical Services	Telus Health Care Centre
Email: clinic@aoms.ca	Email: <u>carecentres.stjohns@telus.com</u>
Telephone: 709-722-4047	Telephone: 709-739-6022
Address: 4 Henry Street, St. John's.	Address: Churchill Square 8-10 Rowan, Suite 209
Main Street Clinic (Springdale)	
Email: ohs@mainstreetclinic.ca	

Step 4: Once you receive your completed Marine Medical documentation, you can send it to either lbarnett@oceanchoice.com or moliver@oceanchoice.com.

For office use Application no. APPLICATION FOR CANDIDATE DOCUMENT NUMBER (CDN) CDN no. First issue Corrections Surname Given name(s) Initial(s) Gender Date of birth (dd-mm-yyyy) Nationality Language preference English O Male Female () French **MAILING ADDRESS** Apt./unit number Street number Street P.O. Box City Province Postal code Country Telephone number E-mail DOCUMENTS TO CONFIRM THE IDENTITY Documents to confirm the identity of the applicant must be issued by a federal, provincial or municipal authority. The document must be valid and must include the bearer's name, signature and picture. SEAFARER'S IDENTITY DOCUMENT PERMANENT RESIDENT CARD OLD AGE SECURITY CARD PROVINCIAL HEALTH CARE CARD NO.: NO.: _ NO.: CANADIAN MARITIME DOCUMENT CERTIFICATE OF INDIAN STATUS FEDERAL, PROVINCIAL OR MUNICIPAL EMPLOYEE IDENTIFICATION CARD BIRTH CERTIFICATE NO. CANADIAN PASSPORT FIREARMS LICENCE DRIVER'S LICENCE NO.: NO.: NO.: Remarks

The personal information provided on this form is collected under the authority of Section 16 of the *Canada Shipping Act*, 2001. This information is required for a Seafarer to obtain a Candidate Document Number (CDN). The information is then used to issue a Canadian Maritime Document and other marine documents in order to comply with the *Act* and the *Marine Personnel Regulations*. The information collected is described in personal information bank entitled Seafarers' Certificates and Documents (TC PPU 030). Under the provisions of the *Privacy Act*, individuals have the right of access to, correction of and protection of their personal information. Instructions for obtaining your personal information are provided in Info Source, a copy of which is available in major public and academic libraries or online at: http://www.infosource.gc.ca.

Signature of applicant

Date (dd-mm-yyyy)

I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT

List of Registered Marine Medical Physicians

BARTER, RICHARD	709-722-4074	ST. JOHN'S
BATTCOCK, NATALIE	709 722 2605	ST. JOHN'S
BECKLEY, SUNMOLU	709-832-2570	GRAND BANK
BOLOUS, NAGY	709-639-9533	CORNER BROOK
BOWEN, JAMES	709-458-3001	NORRIS POINT
BROWN, CHRISTINA	709-786-3171	SPANIARDS BAY
BROWN, GREGORY	709-722-4074	ST. JOHN'S
CAREW, HEIDI	709-726-5065	ST. JOHN'S
COLLINS, WAYNE	709-535-8617	LEWISPORTE
DROVER, BLAIR	709-579-5001	ST. JOHN'S
FAGAN O'DEA, MARIE	709-753-9900	ST. JOHN'S
FLEMING, DEREK	709-722-9000	ST. JOHN'S
FOGWILL, TERRENCE	709-722-7676	ST. JOHN'S
FORSEY, ROBERT	709-897-4383	HAPPY VALLEY GOOSE BAY
FOWLOW, GEOFFREY	709-463-2603	ARNOLD'S COVE
GABRIAL, REEM	709-886-3350 x 4125	BURGEO
GRAHAM, WENDY	709-695-7775	PORT AUX BASQUES
HUMBER, ROBERT	709-786-7144	BAY ROBERTS
HUMES, ROBERT	709-722-4074	ST. JOHN'S
HUSNI, TAWFIK	709-695-3303	PORT AUX BASQUES
IRFAN M.H.M., IRFAN M.H.M.	709-861-4999	PORT AU CHOIX
JANES, JOHN	709-364-7555	MOUNT PEARL
JARDINE, FREDERICK	709-834-2039	CONCEPTION BAY SOUTH
JENKINS, KENNETH	709-640-9401	CORNER BROOK
LEDEZ, KENNETH	709-722-4074	ST. JOHN'S
LILLY, A. ROY	709-738-1919	ST. JOHN'S
LOCKE, TONY	709-722-4074	ST. JOHN'S
LOTTER, WIAN	709-532-4281	BAIE VERTE
MAJOR, STEPHEN	709-579-5001	ST. JOHN'S
MARSHALL, IAN	709-722-4074	ST. JOHN'S
MCVICKER, CHARLES	709-722-4079	ST. JOHN'S
MOSAWE, MOTHAFAR	709-695-7303	PORT AUX BASQUES
MOULTON, WILLIAM	709-279-2631	MARYSTOWN
O'KEEFE, DENNIS	709-364-7555	MOUNT PEARL
O'SHEA, CIARAN	709-722-4074	ST. JOHN'S
OSBORNE, PERRY	709-388-2300	CORNER BROOK
PARSONS, ROBERT	709-722-4074	ST. JOHN'S
PEARCE, BLAINE	709-466-5400	CLARENVILLE
PORTER, MARK	709-368-2101	ST. JOHN'S
RALPH, JASON	709-834-2039	CONCEPTION BAY SOUTH
	709-368-1610	ST. JOHN'S
RAMIATIAN BRIAN	107 200-TOTO	51.301114.5
RAMJATTAN, BRIAN		ST IOHN'S
RIDEOUT-VIVIAN, SUE RYAN, MATTHEW	709-726-3903 709-579-1106	ST. JOHN'S ST. JOHN'S

SEVIOUR, PETER	709-579-5711	ST. JOHN'S
SHAKSHAK, MAHMOD	709-885-2359	BAIE VERTE
SMITH, RANDELL	709-364-7555	MOUNT PEARL
THOMAS, GENE	506-738-4354	ST. JOHN'S
WHITTEN, CHRIS	709-634-3855	CORNER BROOK
WONG, VINCENT	709-753-1726	ST. JOHN'S
YOUNG, TODD	709-668-1088	SPRINGDALE
YOUNG, WADE	709-368-2101	ST. JOHN'S