



# **IMCAC Policy on Board Examinations & Skill Assessments**

**International Medical Competency Accreditation Council (IMCAC)**

# Index

## Section A – Foundational Framework

1. Introduction
2. Purpose of the Policy
3. Scope & Applicability
4. Definitions & Key Terms
5. Guiding Principles

## Section B – Governance & Oversight

6. IMCAC Examination Authority
7. Governance Structure & Roles
8. Accountability & Transparency

## Section C – Examination Framework

9. Competency-Based Examination Philosophy
10. Examination Levels & Mapping to CPM
11. Board Examination Types (Written, OSCE, Viva, Portfolios)
12. Skill Assessment Tools & Validation

## Section D – Examination Administration

13. Eligibility & Application Process
14. Examination Conduct & Integrity Standards
15. Digital & Remote Examination Guidelines
16. Examination Security & Confidentiality

## Section E – Evaluation & Outcomes

17. Assessment Criteria & Scoring Framework
18. Competency Milestones & Pass/Fail Standards
19. Feedback & Remediation Policy
20. Certification & Credentialing

## Section F – Quality Assurance & Audits

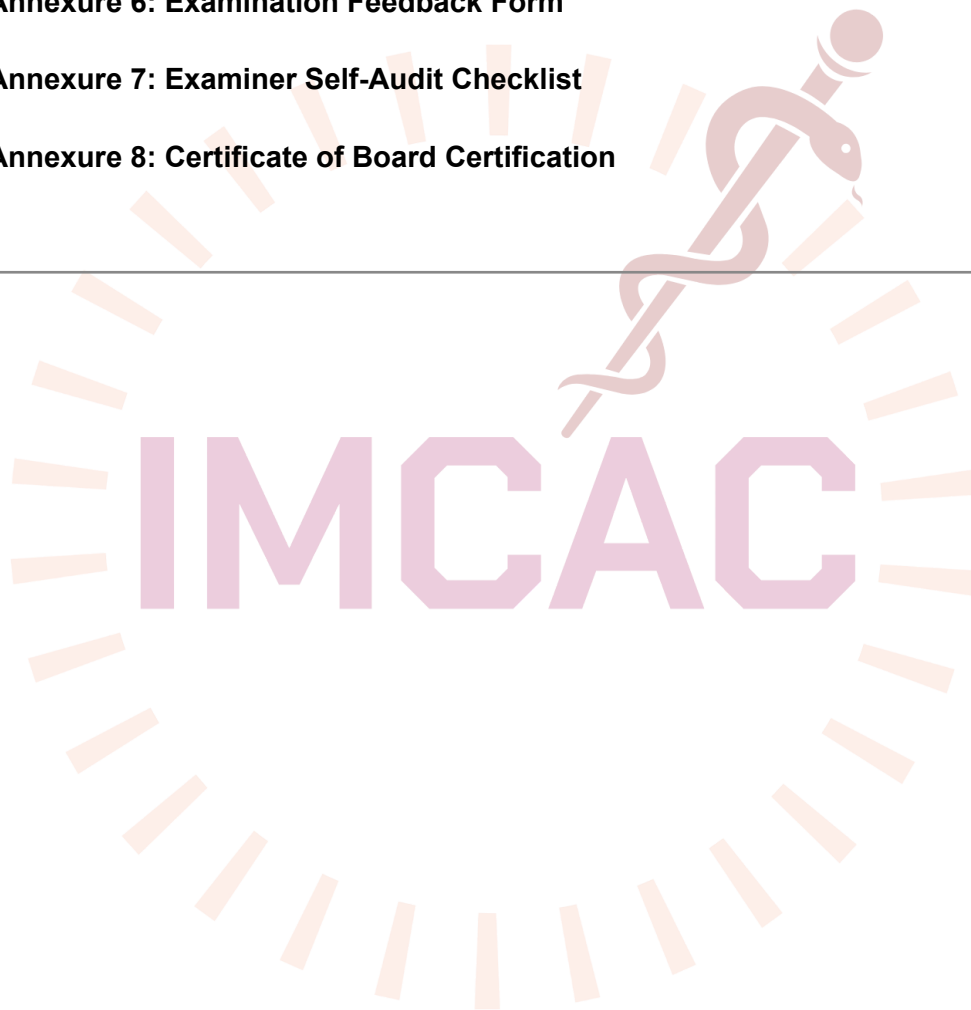
21. Examiner Qualifications & Training
22. Examination Standardization & Benchmarking
23. Internal & External Moderation
24. Continuous Review & Policy Updates

## Section G – Compliance & Enforcement

25. Institutional Obligations
26. Candidate Responsibilities
27. Penalties for Misconduct & Malpractice
28. Appeals & Re-Evaluation

## Section H – Annexures & Templates

- **Annexure 1: Board Examination Application Form**
  - **Annexure 2: Candidate Code of Conduct Declaration**
  - **Annexure 3: Examination Blueprint (Sample)**
  - **Annexure 4: OSCE/DOPS Checklist Template**
  - **Annexure 5: Portfolio Assessment Rubric**
  - **Annexure 6: Examination Feedback Form**
  - **Annexure 7: Examiner Self-Audit Checklist**
  - **Annexure 8: Certificate of Board Certification**
- 



# Section A – Foundational Framework

## 1. Introduction

Board Examinations and Skill Assessments form the gold standard of competency validation within the International Medical Competency Accreditation Council (IMCAC) framework. They are not limited to theoretical recall; instead, they represent a comprehensive, multi-dimensional evaluation of a candidate's readiness for medical and clinical practice.

Unlike traditional models, IMCAC assessments combine:

- Cognitive knowledge testing (to ensure mastery of evidence-based medicine).
- Applied skill assessments (simulations, OSCEs, and DOPS for hands-on competence).
- Professional behavior evaluations (ethics, teamwork, communication, and patient safety).
- Reflective practice (portfolios, CPD records, and case-based analyses).

By mapping each examination to the 7-Level Clinical Progression Matrix (CPM), IMCAC ensures a transparent pathway of development — from Fundamental Awareness (Level 1) to Global Excellence & Influence (Level 7) — with each credential representing an independently verified milestone in a professional's journey.

## 2. Purpose of the Policy

The IMCAC Board Examinations & Skill Assessments Policy aims to:

- **Standardize Examinations Globally**  
Create a unified, competency-based examination system across all IMCAC-accredited institutions, reducing regional variations and guaranteeing fairness.
- **Ensure Fairness, Reliability, and Transparency**  
Maintain independent oversight of examinations, with psychometric validation of written questions, double-blind evaluations for practicals, and transparent reporting of outcomes.
- **Validate Competency Beyond Knowledge**  
Assess not only clinical theory but also hands-on technical skills, clinical

decision-making, ethics, professionalism, and patient-centered care.

- **Protect Credential Integrity**  
Prevent fraudulent certifications, misconduct, or dilution of IMCAC's global reputation by enforcing strict security protocols and digital verification systems.

Together, these objectives ensure that every IMCAC-certified professional is globally recognized as competent, ethical, and practice-ready.

### 3. Scope & Applicability

This policy applies to:

- **Institutions**  
Universities, medical colleges, training academies, and hospitals accredited by IMCAC to deliver board examinations.
- **Candidates**
  - Medical professionals (doctors, surgeons, allied health professionals).
  - Medical students, residents, and fellows preparing for board-level recognition.
  - Practitioners seeking Recognition of Prior Learning (RPL) through structured assessment.
- **Examiners**
  - Certified faculty and trainers who meet IMCAC's examiner credentialing standards.
  - Independent external reviewers engaged for peer-audit and global benchmarking.

### 4. Definitions & Key Terms

- **Board Examination** → A structured, multi-component assessment conducted by IMCAC or its accredited partners to evaluate competency for certification.
- **OSCE (Objective Structured Clinical Examination)** → A practical exam composed of clinical stations that test hands-on skills, reasoning, and

communication.

- **DOPS (Direct Observation of Procedural Skills)** → A standardized, workplace-based evaluation of how candidates perform procedures in real or simulated settings.
- **Portfolio** → A structured digital record of professional learning, including CPD credits, clinical case logs, reflective statements, publications, and supervisor endorsements.
- **CPM (Clinical Progression Matrix)** → IMCAC's seven-level competency framework guiding exam design, evaluation, and credentialing.

## 5. Guiding Principles

IMCAC examinations are built on the following guiding principles:

- **Competency-Based**  
Assessments are explicitly mapped to CPM milestones, ensuring progressive skill development and lifelong learning validation.
- **Fair & Transparent**
  - Written exams undergo psychometric validation.
  - Practical exams use pre-validated OSCE/DOPS checklists.
  - Evaluations follow bias-free, standardized rubrics with appeal rights.
- **Global Benchmarking**  
Examination formats, policies, and pass standards are benchmarked against WFME (World Federation for Medical Education), ECFMG (Educational Commission for Foreign Medical Graduates), and WHO workforce education guidelines.
- **Ethical & Secure**  
Integrity of examinations safeguarded through:
  - Encrypted digital question banks rotated annually.
  - QR-coded certificates and tamper-proof digital verification.
  - Strict anti-misconduct policies with penalties for candidates, examiners, and institutions.

# Section B – Governance & Oversight

## 6. IMCAC Examination Authority

The International Medical Competency Accreditation Council (IMCAC) functions as the central authority for examinations worldwide. Its mandate covers:

- **Setting Examination Standards:** Defining global benchmarks for written, practical, and professional assessments.
- **Accrediting Examination Centers:** Approving institutions with adequate infrastructure, faculty, and governance to conduct IMCAC exams.
- **Certifying Outcomes:** Issuing secure, verifiable certifications that indicate the candidate's competency level within the 7-Level Clinical Progression Matrix (CPM).
- **Oversight of Fairness:** Ensuring integrity, comparability, and transparency in exam processes across all participating countries.

## 7. Governance Structure & Roles

To guarantee quality and impartiality, IMCAC has a multi-layered governance structure:

- **Examinations Committee**
  - Oversees all policies related to assessments.
  - Develops exam blueprints, weightage distribution, and pass/fail standards.
  - Approves new examination models in response to evolving global medical needs.
- **Question Bank Sub-Committee**
  - Develops and maintains validated item banks for MCQs, SAQs, and case scenarios.
  - Conducts psychometric analysis to ensure reliability, difficulty balance, and cultural fairness.
  - Updates questions annually to align with the latest evidence and clinical practices.

- **Examiner Training Division**
  - Designs examiner credentialing programs.
  - Trains faculty in standardized evaluation methods (OSCE checklists, DOPS rubrics, portfolio grading).
  - Conducts annual calibration workshops to maintain inter-rater reliability.

## 8. Accountability & Transparency

IMCAC emphasizes open governance and accountability through:

- **Public Examination Policies:** All exam policies, eligibility criteria, and grading rubrics are published and accessible to stakeholders.
- **Annual Examination Report:** IMCAC compiles and publishes annual data on:
  - Candidate numbers and pass rates.
  - Audit findings from accredited centers.
  - Identified trends in assessment outcomes.
- **Independent Audits:** External examiners and reviewers ensure fairness and prevent bias.
- **Feedback Loops:** Institutions and candidates may provide structured feedback, which is considered in policy revisions.

# Section C – Examination Framework

## 9. Competency-Based Examination Philosophy

IMCAC examinations are built on the principle that competency is multi-dimensional. Assessments must therefore measure:

- Knowledge (theory, decision-making frameworks).
- Skills (procedural, technical, and clinical reasoning).
- Professional Behavior (communication, ethics, teamwork).

- **Adaptability & Reflection** (learning from feedback, reflective portfolios).

This ensures examinations reflect real-world practice readiness instead of rote memorization.

## 10. Examination Levels & Mapping to CPM

Examinations are progressively mapped to IMCAC's 7-Level Clinical Progression Matrix (CPM):

- **Level 1–2 (Fundamental Awareness & Clinical Understanding):**  
Written theory exams (MCQs, SAQs), basic OSCEs on standard protocols.
- **Level 3–4 (Supervised → Independent Clinical Application):**  
OSCEs, DOPS, and logbook verification of supervised and independent practice.
- **Level 5–6 (System-Level Responsibility & Innovation):**  
Leadership audits, system-based projects, quality improvement exercises, research presentations.
- **Level 7 (Global Excellence & Influence):**  
International-level viva voce, defense of portfolio, mentorship evidence, and policy engagement review.

## 11. Examination Types

- **Written Examinations**
  - **Formats:** MCQs, SAQs, essays, structured case scenarios.
  - **Purpose:** Test theoretical grounding, evidence-based reasoning, and analytical skills.
- **Practical Examinations**
  - **Formats:** OSCEs, clinical simulations, skill stations, labs.
  - **Purpose:** Validate procedural accuracy, patient interaction, and emergency readiness.
- **Oral/Viva Voce**

- **Format:** Panel-based discussion of clinical cases, ethics dilemmas, and situational challenges.
- **Purpose:** Assess higher-order reasoning, communication, and professional judgment.
- **Portfolio Assessment**
  - **Contents:** CPD logs, reflective practice, case records, research publications.
  - **Purpose:** Evaluate long-term competency, growth, and professional contribution.

## 12. Skill Assessment Tools & Validation

IMCAC mandates robust validation methods for fairness:

- **OSCE Checklists:**
  - Pre-defined, structured rubrics to ensure objective marking.
  - Multiple examiners rotate across stations to minimize bias.
- **DOPS Forms:**
  - Real-world or simulated observation templates documenting procedural steps, safety adherence, and outcome accuracy.
- **Case Simulations & Emergency Drills:**
  - Role-play scenarios for acute cases (e.g., cardiac arrest, anaphylaxis).
  - Evaluates not just technical skills but teamwork and crisis management.
- **Portfolio Verification:**
  - Evidence cross-checked with supervisors, journals, or official documents.
  - Random audits ensure authenticity and integrity.

# Section D – Examination Administration

## 13. Eligibility & Application Process

IMCAC enforces strict eligibility criteria to maintain the integrity of its credentials:

- **Completion of Accredited Training:** Candidates must have successfully completed an IMCAC-accredited program or equivalent, as verified by transcripts and training logs.
- **Online Application Submission:** Applications must be submitted via the official IMCAC Examination Portal. Required documents include:
  - Proof of accredited training completion.
  - Updated CV and professional license/registration (if applicable).
  - Supervisor or institutional endorsement letter.
- **Application Review:** The Examinations Committee verifies eligibility, completeness of documents, and payment of applicable fees before confirmation.
- **Special Considerations:** Requests for accommodations (disability, language support, etc.) must be filed during application and are reviewed confidentially by the Ethics & Professional Conduct Committee.

## 14. Examination Conduct & Integrity Standards

Examination sessions are conducted under principles of neutrality, fairness, and transparency:

- **Neutral Venues:** Examinations must be held at IMCAC-accredited test centers or approved online platforms, free from conflicts of interest.
- **Randomized Question Allocation:** Secure software ensures random distribution of questions across candidates to reduce predictability.
- **Monitoring & Proctoring:** Onsite invigilators and/or digital proctoring tools supervise examinations to prevent malpractice.
- **Zero-Tolerance for Misconduct:** Any attempt at cheating, impersonation, or unauthorized material use leads to immediate disqualification and possible suspension from future exams.

## 15. Digital & Remote Examination Guidelines

To ensure global access, IMCAC authorizes digital examinations under strict protocols:

- **Secure Platforms:** Exams are hosted on IMCAC's Learning & Assessment Management System (LAMS), equipped with data encryption and two-factor authentication.
- **AI-Powered Proctoring:** Video and screen monitoring software detect suspicious behavior, flagging potential misconduct.
- **Identity Verification:** Candidates must present government-issued ID before exam start; biometric authentication may be required for high-stakes exams.
- **Technical Contingencies:** Backup servers and rescheduling policies are in place for legitimate connectivity failures, with detailed incident logs reviewed by IMCAC.

## 16. Examination Security & Confidentiality

Safeguarding the integrity of IMCAC examinations is paramount:

- **Question Bank Security:**
  - Stored in encrypted digital vaults.
  - Rotated annually with 30% minimum replacement of items.
- **Examiner Confidentiality:**
  - All examiners must sign non-disclosure agreements (NDAs).
  - Breach of confidentiality results in permanent removal from examiner pool.
- **Candidate Data Protection:**
  - Exam scripts, recordings, and results are stored for 5 years.
  - GDPR and HIPAA compliance observed for international candidates.

# Section E – Evaluation & Outcomes

## 17. Assessment Criteria & Scoring Framework

IMCAC adopts a weighted evaluation model to ensure balanced testing of knowledge, skills, and professionalism:

- **Written Examinations (40%)** → Assesses theoretical knowledge, evidence-based reasoning, and analytical capability.
- **OSCE/DOPS (40%)** → Evaluates procedural accuracy, patient safety, communication, and decision-making.
- **Oral/Viva & Professionalism (20%)** → Assesses ethical reasoning, leadership, reflective practice, and ability to justify clinical choices.

Scoring is standardized with validated rubrics and psychometric calibration.

## 18. Competency Milestones & Pass/Fail Standards

- **Domain-Specific Passing:** Candidates must pass each domain independently; failure in one cannot be compensated by high scores in another.
- **Minimum Standard:**
  - **Overall Score:** ≥60%.
  - **Domain Thresholds:** ≥50% in each of the three domains (written, practical, oral/professional).
- **Competency Mapping:** Scores are directly linked to CPM levels, providing candidates with feedback on their progression.
- **Distinctions:** Candidates scoring ≥85% overall may be awarded “Honors” or “With Distinction.”

## 19. Feedback & Remediation Policy

IMCAC promotes constructive feedback and pathways for improvement:

- **Structured Feedback Reports:** Unsuccessful candidates receive detailed reports highlighting weak domains, competency gaps, and recommended remedial steps.
- **Retake Opportunities:**

- **Maximum two retakes allowed within 18 months of the initial attempt.**
- **Candidates must demonstrate evidence of remedial training before retaking.**
- **Institutional Responsibility:** Accredited institutions are required to provide mentorship and remedial training modules for candidates who fail.

## 20. Certification & Credentialing

Successful candidates receive internationally recognized IMCAC credentials:

- **Certificates:**
  - **Feature the IMCAC seal, candidate details, and verified CPM level achieved.**
  - **Embedded QR codes enable instant digital verification.**
- **Digital Badges:**
  - **Issued through IMCAC's credentialing platform.**
  - **Can be added to LinkedIn profiles, e-portfolios, and digital resumes.**
- **Credential Validity:**
  - **Certifications are valid for 3 years, renewable through CPD compliance and portfolio review.**

# Section F – Quality Assurance & Audits

## 21. Examiner Qualifications & Training

To maintain reliability and fairness across examinations, IMCAC enforces strict examiner standards:

- **Clinical/Academic Experience:** Examiners must have a minimum of **5 years of proven experience** in clinical practice or academic teaching relevant to the specialty.
- **IMCAC Examiner Training Program:** All examiners must complete a **standardized training and calibration program** covering:

- Competency-based assessment principles.
- Use of OSCE/DOPS checklists.
- Bias prevention and ethical obligations.
- Data confidentiality and exam security.
- **Continuous CPD Requirement:** Examiners must renew their certification every **3 years**, with documented CPD credits in assessment and education.
- **Conflict of Interest Declarations:** Examiners must disclose any institutional or personal ties to candidates or training providers before each exam cycle.

## 22. Examination Standardization & Benchmarking

IMCAC examinations must be consistent across all regions and aligned with global best practices:

- **Psychometric Validation:**
  - All question items (MCQs, SAQs, OSCE stations) undergo **item analysis** (difficulty index, discrimination index, reliability testing).
  - Poor-performing or biased items are eliminated.
- **Global Benchmarking:**
  - Exams are benchmarked against **WFME, ECFMG, ACGME, and WHO standards**.
  - Comparative analysis ensures that IMCAC-certified candidates meet or exceed international thresholds.
- **Blueprinting:** Each exam is based on a structured blueprint that specifies weightage per competency domain, ensuring balance and fairness.

## 23. Internal & External Moderation

To guarantee integrity, every IMCAC examination undergoes dual moderation:

- **Internal Moderation:**
  - Conducted by the IMCAC Examinations Committee.

- Reviews exam scripts, scoring rubrics, and consistency across examiners.
- **External Moderation:**
  - At least one **independent external examiner** is appointed for each major exam.
  - Written exams are subject to **double-blind marking**, ensuring anonymity of both candidates and examiners.
  - OSCE/DOPS results are validated by a second reviewer for consistency.

## 24. Continuous Review & Policy Updates

IMCAC operates a **dynamic feedback and review cycle**:

- **Annual Examination Performance Report:**
  - Includes pass/fail rates, candidate demographics, item performance, and examiner feedback.
  - Used to identify systemic issues or curriculum gaps.
- **Stakeholder Consultation:** Feedback from institutions, trainers, and candidates is incorporated into exam reforms.
- **Policy Review Cycle:** IMCAC revises its examination policies every **3 years** or sooner if significant medical or educational changes arise.

# Section G – Compliance & Enforcement

## 25. Institutional Obligations

Accredited examination centers and institutions must:

- **Comply with IMCAC Protocols:** Follow all administrative, security, and assessment guidelines.
- **Submit Reports:** Provide detailed exam results, attendance logs, and examiner evaluations within **30 days** of exam completion.
- **Maintain Infrastructure:** Ensure secure venues, simulation labs, and IT systems meet IMCAC standards.

- **Facilitate Transparency:** Allow audits, inspections, and third-party evaluations when required.

## 26. Candidate Responsibilities

All candidates appearing for IMCAC examinations are bound by the following obligations:

- **Adherence to Codes of Conduct:** Candidates must comply with all exam regulations, including punctuality, ethical behavior, and honesty.
- **Accurate Documentation:** Candidates must ensure the authenticity of submitted credentials (training records, CPD portfolio, licenses).
- **Respect for Confidentiality:** Exam content must not be recorded, shared, or replicated in any form.

## 27. Penalties for Misconduct & Malpractice

IMCAC enforces a **tiered disciplinary system**:

- **Minor Breach (e.g., talking in exam hall):** Written warning and monitoring in future attempts.
- **Major Breach (e.g., impersonation, unauthorized devices):** Exam annulled, suspension from IMCAC exams for **1–3 years**.
- **Severe Breach (e.g., falsification of documents, collusion, large-scale cheating):**
  - Permanent disqualification from all IMCAC certifications.
  - Blacklisting of institutions if systemic involvement is proven.

## 28. Appeals & Re-Evaluation

IMCAC ensures due process for candidates and institutions:

- **Filing an Appeal:** Appeals must be submitted within **30 days** of results or disciplinary decision, with supporting documentation.
- **Review by Ethics & Appeals Committee:** Independent panel reviews evidence, examiner reports, and candidate submissions.
- **Re-Evaluation Options:**

- Written exams may undergo a second blind marking.
- OSCE/DOPS results may be reassessed via recorded video (if available).
- **Final Decision:** The IMCAC Governing Board issues a binding decision within **60 days** of appeal submission.

## Section H – Annexures & Templates

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### Annexure 1: Examination Application Form

*(Applicable for both online and paper-based submission)*

#### Candidate Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- Medical Registration / License No: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_

#### Program Details

- Accredited Institution: \_\_\_\_\_
- Training Program Completed: \_\_\_\_\_
- Dates of Training: \_\_\_\_\_
- CPM Level Applied For: \_\_\_\_\_

#### Attachments Required

- ☐ Copy of valid medical license
- ☐ Proof of IMCAC-accredited training completion
- ☐ Supervisor/Institution endorsement letter

- ☐ CPD Portfolio (if applicable for Level 5+)
- ☐ Identity Proof (passport/national ID)

### Declaration

I hereby declare that the information provided is accurate, and I agree to comply with IMCAC's rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annexure 2: Candidate Code of Conduct Declaration

I, \_\_\_\_\_, agree to uphold the following standards during IMCAC examinations:

- I will not engage in cheating, impersonation, or unauthorized communication.
- I will not disclose or replicate examination content.
- I will comply with examiner instructions and security protocols.
- I acknowledge that misconduct may result in annulment of my exam and permanent disqualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annexure 3: Sample Examination Blueprint

| Domain              | Assessment Tool   | Weightage | CPM Level |
|---------------------|-------------------|-----------|-----------|
| Medical Knowledge   | MCQs / SAQs       | 25%       | 1–2       |
| Clinical Reasoning  | OSCE Stations     | 20%       | 2–3       |
| Procedural Skills   | DOPS / Simulation | 20%       | 3–4       |
| Professionalism     | Viva Voce         | 15%       | 4–5       |
| Research/Leadership | Portfolio Review  | 20%       | 5–7       |

*Note: Blueprints are tailored per specialty and updated annually.*

### Annexure 4: OSCE/DOPS Checklist Template

**Procedure: Central Line Insertion**

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

| Step                                     | Performed Correctly | Comments   |
|------------------------------------------|---------------------|------------|
| 1. Obtains informed consent              | Yes / No            | _____<br>— |
| 2. Maintains aseptic technique           | Yes / No            | _____<br>— |
| 3. Identifies correct anatomical site    | Yes / No            | _____<br>— |
| 4. Performs insertion with proper method | Yes / No            | _____<br>— |
| 5. Secures line and checks for patency   | Yes / No            | _____<br>— |
| 6. Completes documentation               | Yes / No            | _____<br>— |

Scoring: \_\_\_\_ / 6 (Minimum pass = 5/6)

Examiner Signature: \_\_\_\_\_

**Annexure 5: Portfolio Assessment Rubric**

Candidate: \_\_\_\_\_

| Domain                  | Evidence Required                          | Score (1–5) | Comments   |
|-------------------------|--------------------------------------------|-------------|------------|
| CPD Activities          | Certificates, attendance logs              | ____        | _____<br>— |
| Clinical Case Logs      | Verified patient/procedure records         | ____        | _____<br>— |
| Research & Publications | Indexed papers, presentations, innovations | ____        | _____<br>— |
| Leadership/Teaching     | Letters of appointment, course reports     | ____        | _____<br>— |
| Reflective Practice     | Self-reflection essays, supervisor notes   | ____        | _____<br>— |

Total Score: \_\_\_\_\_ / 25 → Pass/Fail: \_\_\_\_\_

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## Annexure 6: Candidate Feedback Form

Candidate ID: \_\_\_\_\_ Exam Date: \_\_\_\_\_

### 1. Exam Organization

☐ Excellent ☐ Good ☐ Fair ☐ Poor

### 2. Exam Content Relevance

☐ Excellent ☐ Good ☐ Fair ☐ Poor

### 3. Clarity of Instructions

☐ Excellent ☐ Good ☐ Fair ☐ Poor

### 4. Fairness & Transparency

☐ Excellent ☐ Good ☐ Fair ☐ Poor

### 5. Areas for Improvement (open-ended):

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## Annexure 7: Examiner Self-Audit Checklist

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

| Criteria                                    | Yes/No | Notes |
|---------------------------------------------|--------|-------|
| Completed IMCAC Examiner Training           |        |       |
| Reviewed exam blueprint before assessment   |        |       |
| Used standardized rubrics consistently      |        |       |
| Declared conflicts of interest              |        |       |
| Maintained impartiality and professionalism |        |       |
| Submitted evaluations within 7 days         |        |       |

Signature: \_\_\_\_\_

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## Annexure 8: Certificate of IMCAC Board Certification

## Certificate of Achievement

This certifies that **Dr./Mr./Ms.** \_\_\_\_\_  
has successfully completed the **IMCAC Board Examination & Skill Assessment**  
and has demonstrated competency mapped to the **IMCAC Clinical Progression Matrix (CPM), Level \_\_\_\_\_**.

Awarded on: \_\_\_\_\_  
IMCAC Certificate ID: \_\_\_\_\_ (QR Code for verification)

Signed: \_\_\_\_\_ (Chair, IMCAC Examinations Committee)

Official Seal of IMCAC

