

## Agreement of non-disclosure for candidates: Virtual M<sup>3</sup>I

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### Agreement

*I, undersigned, am a candidate for a program at McGill University and a participant in an interview session known as the McGill Multiple-Mini Interview (M<sup>3</sup>I), a process of the Office of the Faculty of Dental Medicine and Oral Health Sciences.*

***I hereby undertake to maintain full confidentiality of all information relative to the M<sup>3</sup>I. This includes, but is not limited to:***

- *No disclosure of M<sup>3</sup>I interview content (questions, scenarios, processes)*
- *No photos, recording or broadcasting audio, video or images (e.g. by computer, camera, phone, webcam, etc.)*
- *No sharing or posting of assigned Zoom link*

***Furthermore, to respect the security and integrity of the selection process, I agree to abide by the following requirements:***

- *No other people shall be present in the room during any part of the interview event*
- *No virtual backgrounds*
- *No other software shall be open on computer or phone (browser, email, instant messaging, etc)*
- *Keep webcam and audio on at all times.*
- *Water is permitted. Snacks are permitted but not recommended unless medically necessary.*
- *A pen or pencil and 2-3 sheets of blank scrap paper are required. These are for personal notes only. No other items such as writing utensils, pens, calculators, rulers, or dictionaries are permitted. Scrap paper must be securely disposed of immediately following the interview and not captured or shared with others.*

***I understand that candidates are monitored during the M<sup>3</sup>I by raters, admissions DMD committee members, and I agree that my photo may be taken during the interview for identification purposes.***

***I understand that incidents are reviewed by the relevant DMD admissions committee for the program, and that candidates found to have breached this agreement are rendered ineligible for admission to the program and may be subject to further investigation by McGill university.***

### Identification

Last Name: \_\_\_\_\_

First Name): \_\_\_\_\_

Program: \_\_\_\_\_

### Candidate Confirmation

Signature: X: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

Email address: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

### Witness

Full name: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: X: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)