

10. PRE-MEDICAL EDUCATION

COLLEGES AND UNIVERSITIES ATTENDED	FROM	TO	GRADUATE YEAR	DEGREE OBTAINED	MAJOR FIELD OF STUDY

◆◆◆◆ *Please forward copy of transcripts of marks during medical school* ◆◆◆◆

11. UNDERGRADUATE MEDICAL EDUCATION

MEDICAL SCHOOL	ADDRESS	COUNTRY	DEGREE	YEAR GRANTED

12. EXAMINATIONS PASSED (Please enclose photocopies)

- (a) Medical Council of Canada Evaluating Exam (date) _____ Evaluating Exam Candidate no. _____
- (b) Medical Council of Canada Qualifying Exam Part I (date) _____ Qualifying Exam Candidate no. _____
- (c) Medical Council of Canada Qualifying Exam Part II (date) _____ Qualifying Exam Candidate no. _____
- (d) TOEFL with minimum score of 600 for graduates of medical schools other than U.S., U.K., Eire, Australia, New Zealand and South Africa:
 (date) _____ score: _____

13. POSTGRADUATE TRAINING

PGY1

- (a) Provide information regarding training.
 Institution: _____
 Address: _____
 Program Director or Preceptor: _____
 Type of Program: _____ Dates (from-to) _____

PGYII and on

- (b) Institution: _____
 Address: _____
 Program Director or Preceptor: _____
 Type of Program: _____ Dates (from-to) _____

(c) If you have been registered or are currently registered in any other postgraduate training program (not internship). Please note this information.

Program: _____ Dates (from-to) _____

Reasons for leaving position: _____

(d) Have you ever withdrawn or been required or requested to withdraw from any postgraduate training program.

Yes No If yes, please explain.

(e) If you have already completed part of your training, briefly list what further training you require in order to be eligible for the specialty examinations you plan to sit (eg. 6 months pathology, 6 months neonatology). If your training has been assessed by either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, submit a copy of this assessment.

14. **HONOURS:** List any honours you have received while in professional school, eg. Scholarships, honour societies, graduation honours.

15. **RESEARCH PROJECTS:** List funded and non-funded research projects in which you have participated while in professional school. Provide citations and dates. Append information if necessary.

16. **PUBLICATIONS:** List original papers written while in professional school (published or accepted for publication). Append further information if necessary.

TITLE: _____

JOURNAL: _____

17. What are your career plans?

Academic Practice: _____

Academic teaching, research position: _____

Community Practice: _____

Other, please specify: _____

18. **REFERENCES** Please provide names, academic title, institution and telephone number of your three references. Please have your referees send references to the Program Director.

i. _____

ii. _____

iii. _____

19. Please outline why you are interested in this program.

VERIFICATION AUTHORIZATION/CERTIFICATION STATEMENT

I certify that the information recorded herein is complete and accurate to the best of my knowledge. I recognize that any misrepresentation or omission on my part may cause me to be disqualified from continuing in a residency program, if accepted on the basis of this information. I hereby grant my permission to contact previous program directors to verify this information.

DATE: _____ **SIGNATURE:** _____

Return application to:

Please be advised that we require a Certificate of Standing from your current or last licensure authority dated within 60 days prior to the commencement of your training.