McMaster University - Postgraduate Medical Education Application

Application for

- ◯ Residency
- ◯ Clinical Fellowship
- ◯ Research Fellowship
- ◯ Elective

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1. Personal Information

Surname _____ Given Names _____

Permanent Address _____

Mailing Address _____

Telephone # _____ Alt Telephone # _____

Email Address _____ Fax Number _____

Date you wish to start training _____

2. Country of Citizenship - If not Canadian: * Provide proof of immigration status with application

- ◯ Landed Immigrant
- ◯ Visa (Cannot be Ontario Ministry of Health Funded) * Provide copy of Passport with application

3. Alternative Funding Source (e.g. other than Ontario Ministry of Health)

- ◯ Other (Agency Institution, etc.) *Provide confirmation of funding letter
- ◯ Foreign Government Sponsorship * Provide letter from government with application

4. Language of Instruction of Medical School

- ☐ English
- ☐ French
- ☐ Other _____

5. Medical Council of Canada Evaluating Examination (MCCEE)

- ◯ Have Written, awaiting results
- ◯ Successful - * Attach with Application

6. Specialty Certificate Are you a qualified Specialist in your country?

- ◯ Yes - *Include copy of specialty certificate with application
- ◯ No

7. Currently Licensed in (Do not include Postgraduate Certificate)

Province/ State _____ Country _____

Year _____ Certificate # _____

8. Medical Education

Medical School (include address)

Degree

Year Granted

9. Postgraduate Medical Education (Internship, Residencies, etc.)

Section A

University (include address)

Time Period

Position Held

University (include address)

Time Period

Position Held

University (include address)

Time Period

Position Held

University (include address)

Time Period

Position Held

Sections B

Have you ever withdrawn or been required to withdraw from any postgraduate medical training?

- ◯ Yes
- ◯ No

If yes, please explain:

Section C

Have you ever been disciplined by a University or Medical Authority?

- ◯ Yes
- ◯ No

If yes, please explain:

Section D

Have you ever had your medical license suspended or revoked in any jurisdiction?

- ◯ Yes
- ◯ No

If yes, please explain:

Section E

Have you completed part of your training?

- ◯ Yes
- ◯ No

If yes, briefly list what further training you require in order to be eligible for the specialty examinations in which you plan to sit (eg. six months Pathology, six months Neonatology

Section F

Have you ever been enrolled in a Pre-Entry Assessment Program within Ontario?

- ◯ Yes
- ◯ No

If Yes, Did you successfully complete the program?

- ◯ Yes
- ◯ No

If yes previous CPSO Number

Please list the University, Specialty , and program dates

Please add the following documents (Include translation for documents that are not in English)

- ☐ Curriculum vitae- include information on teaching & research positions, list of publications, certificates, awards, scholarships, memberships, etc
- ☐ Medical School Transcripts
- ☐ For Visa Trainees, include copy of passport
- ☐ *Include other documents if applicable and required in previous sections

Referees - Must include your most recent program director

Referee #1: Name, Title, Address, Telephone #

Referee #2 Name, Title, Address, Telephone #

Referee #3 Name, Title, Address, Telephone #

I certify that the information recorded herin is complete and accurate. I recognize that any falsified documentation or evidence at the time, or subsequently found, will be basis for dismissal from the program. I hereby grant my permission to contact previous program director or any person/institution cited in this application or appendices for further reference.

_____ _____

Signature Date

This section will be retained by the Postgraduate Office. Program Admissions Committees will receive the remainder.

Surname Given Names

A) Specialty

- ☐ Anesthesia - list subspecialty B) if applicable
- ☐ Critical Care
- ☐ Family Medicine - list subspecialty B) if applicable
- ☐ Medicine - list subspecialty B) if applicable
- ☐ Laboratory Medicine - list subspecialty B) if applicable
- ☐ Obstetrics & Gynecology- list subspecialty B) if applicable
- ☐ Oncology - list subspecialty B) if applicable
- ☐ Pediatrics - list subspecialty B) if applicable
- ☐ Psychiatry - list subspecialty B) if applicable
- ☐ Public Health
- ☐ Radiology
- ☐ Surgery - list subspecialty B)

B) Subspecialty/ Fellowship - i.e. Pain Medicine (Anesthesia)

Return to Office of Postgraduate Medical Education , Faculty of Health Sciences , McMaster University, 1200 Main Street West, MDCL 3101, Hamilton, ON Canada L8N 3Z5 905-525-9140 x22116 or x22118 Fax: 905-527-2707