



**Clinical Fellowship Questionnaire**

**Please complete the following questions and submit with your Application**

Name: Click here to enter text.

Fellowship Subspeciality: Click here to enter text.

Medical School Graduation Year: Click here to enter text.

What was the duration of your Postgraduate training? Click here to enter text.

Are you a certified Anesthesiologist? [ ] Yes [ ]  No

Where did you obtain your Certification? Click here to enter text.

What year did you obtain your Certification? Click here to enter text.

Number of years of Independent Practice Click here to enter text.

What is the date of your last English test ie. IELTS or TOEFL-iBT? Click here to enter text.

(International Medical Graduates only)

What were the results of your English test? Click here to enter text.