

The UNIVERSITY of WESTERN ONTARIO

Faculty of Medicine & Dentistry • Office of the Dean

APPLICATION FOR POSTGRADUATE MEDICAL TRAINING

U.W.O. STUDENT NUMBER									
SURNAME					GIVEN NA	MES			
PERMANENT ADDRESS									
	Apt. No.		Sti	reet					
	City/Province	e	Ar	ea Code	:		Phone No.		
PRESENT ADDRESS	Apt. No.		Sti	reet					
	City/Province	e	Ar	ea Code	:		Phone No.		
CANADIAN SOCIAL INSUR	ANCE NU	MBER	(for p	ayrol	ll purposes)				
I hereby apply for a position	in the Pr	ogram c	of _						
as a Resident as a Clinical Fellow as a Research Fellow as an Elective					I (please				
Please indicate training peri-	od								
Please indicate funding sour									
PRE-MEDICAL EDUCATION: University Dates of Attendance Program Degree Awarded				Medical School Dates of Attendance					
POSTGRADUATE TRAININ Please list all postgraduate training ap						aduation.			
Period Month & Year	Р	osition			Program		University	Program Director	
INTERNSHIP									
RESIDENCY/FELLOWSHIP)								
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List Teaching and Research positions you have held since graduation. 1.

Do yo	hold a valid Ontario Educational Licence to practice medicine? Yes	No	Licence #
Which	of the following examinations have you passed? (Please provide proof of re-	esults)	
a)	Medical Council of Canada Qualifying Examination (MCCQE)	~	
	i) are you a licentiate of the Medical Council of Canada?	~	Registration #
b)	Medical Council of Canada Evaluating Examination (MCCEE)	~	
c)	Visa Qualifying Examination (VQE)	~	
d)	Federation of Licensing Authorities Examination (FLEX)	~	
e)	Foreign Medical Graduate Exam in Medical Science (FMGEMS)	~	

- Are you legally entitled to work in Canada? Yes___ No 5.
- If the language of instruction at your medical school was other than English or French, you must 6. submit results of TOEFL (minimum score of 580) & TSE (minimum score of 200) with your application.
- 7. List certificates, awards, scholarships, etc. And the year in which they were obtained.
- 8. List Language(s) spoken

DO NOT COMPLETE ITEMS 9 & 10 IF YOU HAVE BEEN ALLOCATED A POSITION THROUGH THE CIMS RESIDENCY MATCH

- ATTATCHMENTS Please provide the following: 9.
 - A list of publications giving authors and titles etc. a)
 - b) Curriculum Vitae
 - c) Medical School Transcripts
 - For graduates from other than Canadian or U.S. Medical schools, medical school diploma d)
- 10. **REFEREES:** Three letters of reference are required from teachers who have had a meaningful responsibility for your medical education. Application will not be considered until these letters of reference, which must be mailed directly and independently by the referee, have been received. Please list name, title, address, and telephone number.

1.	
2.	
3	

11. I certify that the above answers are accurate and complete. If appointed, I hereby agree to accept the applicable stipend and abide by the By-Laws, Rules, and Regulations of the Affiliated Hospitals now in effect and those which may be adopted during my term of service.