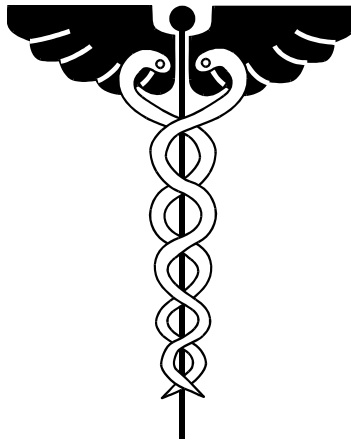




Public General and St. Joseph's Hospitals
80 Grand Avenue
Chatham, Ontario
N7L 1A8
Fax: 519-436.2535

Sydenham District Hospital
325 Margaret Avenue
Wallaceburg, Ontario
N8A 2A7

APPLICATION FOR
POSTGRADUATE
MEDICAL TRAINEES



Please Return Completed Application to:
Kim Sutton
Medical Education
Chatham-Kent Health Alliance
P.O. Box 2030
Chatham, Ontario N7M 5L9

Guidelines for Postgraduate Medical Trainees

This is an application form for postgraduate medical training at the Chatham-Kent Health Alliance's Grand Avenue Campus, Chatham, Ontario and the Sydenham Campus in Wallaceburg, Ontario.

This application must be completed and submitted to the Programs & Clinical Services Administration Office.

1. Postgraduate Medical Trainees will be from a recognized university medical residency program
2. The Supervising physician will:
 - a) Have active staff privileges at the Public General, St. Joseph's and/or Sydenham Campuses
 - b) Be a member of the Faculty of Medicine at the university at which the Medical Trainee is affiliated
 - c) Provide supervision of the Medical Trainee. The degree of supervision will balance the needs of quality patient care and the Trainee's needs to be delegated appropriate responsibility for patient care for educational purposes.
3. The Medical Trainee will:
 - a) complete an application form which will include:
 - name, address, telephone/fax numbers, email address
 - CPSO Licence number and date
 - CMPA number
 - name of Residency Program enrolled in
 - name of Program Director
 - name of local Supervisor
 - provide a letter from Supervisor attesting that medical trainee is in good standing with the University Faculty of Medicine
 - statement signed by the Medical Trainee attesting to the fact that they have read this guideline and agree to it. (Copy attached to the application form.)
 - b) not have admitting privileges
 - c) work under the supervision of their local Supervisor or a physician delegated by the Supervisor, at all times. The degree of independence enjoyed by the Medical Trainee with respect to orders for investigation and treatment will be at the discretion of the Supervisor (or their delegate) on their consideration of the Medical Trainee's capabilities.
 - d) be accountable (with the local Supervisor) to the Medical Advisory Committee, the Hospital Administration, and the Hospital Boards for the consequence of actions undertaken by the Medical Trainee.
4. The period of time during which the Medical Trainee will be permitted to conduct activities within the hospital will be limited to the duration of the Trainee's placement with the local Supervisor.

All information contained in this application is strictly confidential.

APPLICATION FOR POST-GRADUATE MEDICAL TRAINEES

Name in Full _____ Date _____

Residence Address _____

Phone _____ Fax _____ email _____

C.P.S.O. Licence Number and date: _____

C.M.P.A. Number _____ Coverage Type: _____

Residency Program: _____

Date of Placement at Chatham-Kent Health Alliance: From _____ To _____

Site: (Please indicate site(s) for training)

Grand Avenue Campus ☐

Sydenham Campus ☐

Name of Program Director: _____ Phone: _____

Name of Local Supervisor: _____ Phone: _____

Statement: I hereby apply for Medical Trainee membership at the Chatham-Kent Health Alliance - Public General and St. Joseph's Campuses in Chatham, Ontario and/or Sydenham Campus in Wallaceburg. I have read and agree to comply with the Guidelines for Postgraduate Medical Trainees.

Signature of Medical Trainee

Date

Signature of Program Director

Date