



**Chatham Site**  
**80 Grand Avenue West**  
**Chatham, ON**

**Wallaceburg Site**  
**325 Margaret Avenue**  
**Wallaceburg, ON**

**Mailing Address**  
**P.O. Box 2030**  
**Chatham, ON N7M 5L9**

**APPLICATION FOR**  
**POSTGRADUATE**  
**MEDICAL TRAINEES**



Please Return Completed Application to:

Jenn Chapple  
Medical Affairs Specialist  
Chatham-Kent Health Alliance  
Email: [jchapple@ckha.on.ca](mailto:jchapple@ckha.on.ca)

## **Guidelines for Postgraduate Medical Trainees**

This is an application form for postgraduate medical training at the Chatham-Kent Health Alliance's Chatham and Wallaceburg Sites.

This application must be completed and submitted to the Interdisciplinary Education Coordinator at CKHA.

1. Postgraduate Medical Trainees will be from a recognized university medical residency program
2. The Supervising physician will:
  - a) Have staff privileges at the Chatham-Kent Health Alliance
  - b) Be a member of the Faculty 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 Board 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.
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## APPLICATION FOR POST-GRADUATE MEDICAL TRAINEES

Date:

Full Name:

Address:

City:

Postal Code:

Email:

Cell Number:

CPSO #

CMPA #

CMPA Coverage:

Residency (Year/School):

Placement Start Date:

Placement End Date:

Name of CKHA preceptor:

**Statement: I hereby apply for Medical Trainee membership at the Chatham-Kent Health Alliance - Chatham and Wallaceburg sites. I have read and agree to comply with the Guidelines for Postgraduate Medical Trainees.**

Signature of Medical Trainee:

Date: