

1. List Teaching and Research positions you have held since graduation.

2. Do you hold an Ontario General Licence to practice medicine? Yes__ No__ Licence # _____

3. Do you hold a valid Ontario Educational Licence to practice medicine? Yes__ No__ Licence # _____

4. Which of the following examinations have you passed? (Please provide proof of results)

- 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) ~
- f) National Board of Medical Examiners Parts I, II (NBME) ~

5. Are you legally entitled to work in Canada? Yes__ No

6. If the language of instruction at your medical school was other than English or French, you must 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

9. **ATTATCHMENTS** Please provide the following:

- a) A list of publications giving authors and titles etc.
- b) Curriculum Vitae
- c) Medical School Transcripts
- d) For graduates from other than Canadian or U.S. Medical schools, medical school diploma

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.

Signature _____ Date _____