

19th Annual Medical Education Elective for Residents
February 15 – March 14, 2023

Resident:

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ Specialty/PGY: _____

Email Address: _____ Dal Login (*i.e.*XX#####): _____

Program Director:

Last Name: _____ First Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Program Assistant:

Last Name: _____ First Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Please return completed form to:

cpdelect@dal.ca