POSTGRADUATE MEDICAL EDUCATION
ELECTIVE REGISTRATION INFORMATION

NAME_____

Surname Given Names

While in Elective:

MAILING ADDRESS _____

Street

_____

City Province Postal Code

PHONE _____ EMAIL: _____

Attached please find a copy of your on-line elective application. Please review this application carefully and verify the information contained therein. If you are planning future electives at Dalhousie University, you must update your elective profile by adding another elective to your on-line application under the Elective Program Information. The $100 application fee is charged once for each Elective.

I certify that the information I have submitted to Dalhousie University Postgraduate Medical Education is true to the best of my knowledge.

DATE: _____ **SIGNATURE:**_____

FOR OFFICE USE ONLY:

C.M.P.A. # _____ Provincial License # _____ Registration Fee Received ☐	Date Registered for Elective_____ Registered By _____