

# FELLOWSHIP APPLICATION

## I. WHICH FELLOWSHIP ARE YOU APPLYING FOR?

- |   |   |
|---|---|
| <input type="checkbox"/> Airway Management  | <input type="checkbox"/> Pediatric Anesthesia                   |
| <input type="checkbox"/> Cardiac Anesthesia | <input type="checkbox"/> Regional Anesthesia and Acute Pain     |
| <input type="checkbox"/> Global Health      | <input type="checkbox"/> Women's and Obstetrics Anesthesia      |
|   | <input type="checkbox"/> Quality Improvement and Patient Safety |

## II. PERSONAL INFORMATION

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

▶ Please return the completed application to:

### Allister Barton

Education Manager  
QEII Health Sciences Center  
10 West Victoria, 1276 South Park St.  
Halifax, NS B3H 2Y9 Canada  
E-mail: [allister.barton@dal.ca](mailto:allister.barton@dal.ca)



**DALHOUSIE**  
UNIVERSITY

FACULTY OF MEDICINE  
Department of Anesthesia,  
Pain Management and  
Perioperative Medicine

**FUNDING TYPE**

Please indicate the source for funding of the trainee:

**Visa Sponsored**

Trainee is funded by a foreign government/institution. This will require a sponsorship agreement with Dalhousie University to cover salary, tuition, and benefits.

**Departmentally Funded**

Trainee is funded by the Program/Hospital. This will require an agreement with Dalhousie University to cover salary, tuition, and benefits.

**Humanitarian Pathway**

International trainee who is funded by the Program/Hospital with an agreement with Dalhousie University. Training fees can be exempted with the Faculty of Medicine, Dean’s Office Approval. Supplemental application document is required.

**SPONSOR INFORMATION**

Please indicate the Sponsor’s information below:

Sponsor Organization/Authority \_\_\_\_\_

Sponsor Contact Name \_\_\_\_\_

Sponsor Phone \_\_\_\_\_

Sponsor Email \_\_\_\_\_

Sponsor Billing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Start Date (YYYY-MM-DD) \_\_\_\_\_

End Date (YYYY-MM-DD) \_\_\_\_\_

PGY Level \_\_\_\_\_

Salary (must meet [MaRDocs salary scale](#) unless AFC) \_\_\_\_\_

**Dalhousie University – Faculty of Medicine  
Non-CaRMS Postgraduate Medical Training Application**

**SECTION 2:** to be completed by the Applicant.

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_  
                            (LAST)  (FIRST)  (MIDDLE)

**CURRENT ADDRESS and Telephone Numbers (please include area codes):**

Address:		Apt/Unit:
City:	Province:	Country:
Postal Code:	Primary Phone:	Fax:
Alternate Phone:	Email:	

**CITIZENSHIP**

**Canadian citizen or Permanent Resident**

**Other - Work Permit required**

- Please indicate the expiry month of your Work Permit and attach a copy to the application: \_\_\_\_\_

**EDUCATION HISTORY**

**PREMEDICAL EDUCATION:**

Colleges and Universities Attended	From (YYYY)	To (YYYY)	Graduate Year	Degree Obtained (Y/N)	Major Field of Study

**MEDICAL EDUCATION:**

Medical School(s)	City	Country	Degree	Year Granted

**POSTGRADUATE TRAINING:**

Answers to each of the following questions are required. Failure to answer or leave the section blank will result in a delay or potential denial of the credentialing and licensing process, with a subsequent delay in the start of your training.

Specify any graduate preceptorships, internships, residencies, or fellowships in which you were enrolled:		
Institution		
Address		
Program Director or Preceptor:		
Type of Preceptorship, Internship, or Residency:		
Dates:	From YYYY-MM-DD	To YYYY-MM-DD
If you have been registered or are currently registered in any other postgraduate training program, please note this information here.	Program:	
	Dates:	
	Reasons for leaving position:	
Have you ever had an application for medical licensure rejected? If yes, please explain.		
Are you presently or have you ever been subject to an allegation, complaint, or investigation for any reason whatsoever by a medical licensing authority? If yes, please explain.		
Have you ever withdrawn, been suspended, or been expelled from a medical school? If yes, please explain.		
Have you ever withdrawn from a postgraduate training program or been suspended or removed from practice during a postgraduate training program?		
Is there any event, circumstance, condition, or matter not disclosed in your answers to the preceding questions with respect to your character, conduct, competence, or capacity that might be an impediment to your application for Postgraduate training or licensure? If yes, please explain.		

<p>If you have already completed a part of your training, briefly list what further training you require to be eligible for the specialty examinations you plan to sit (e.g., 6 months pathology, 6 months neonatology). If your training has been assessed by either The Royal College of Physicians and Surgeons of Canada or The College of Family Physicians of Canada, <b>submit a copy of the assessment.</b></p>	
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**EXAMINATION HISTORY**

EXAMINATIONS PASSED: (Record date exam passed.)	(YYYY-MM-DD)
Medical Council of Canada Evaluating Exam (MCCEE)	
National Assessment Collaboration Objective Structured Clinical Examination (NAC-OSCE)	
Part I - Medical Council of Canada Qualifying Exam (MCCQE1)	
National Board of Medical Examiners, Parts I, II (NBME)	
Federation Licensing (FLEX)	
United States Medical Licensing Exam (USMLE I, II or III)	

**SURGICAL CANDIDATES NOTE:** if your application is successful, you will be required to consent to release your Principles of Surgery Exam (POS) results. The results are required by the competence Committee of the program to which you are applying to ensure that you are eligible for promotion.

<p>Do you intend to take further training in research in either clinical science or basic science? If yes, please explain.</p>	
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**ADDITIONAL REQUIREMENTS:**

	<p><b>ADDITIONAL PROFESSIONAL DEGREES (Include on Curriculum Vitae)</b></p>
	<p><b>HONOURS AND AWARDS (Include on Curriculum Vitae):</b> List any honours and awards you have received while in medical or other postgraduate degree programs.</p>
	<p><b>RESEARCH (Include on Curriculum Vitae):</b> List medical research projects in which you have participated. Provide citations and dates.</p>
	<p><b>REFERENCES:</b> Please provide names, academic title, institution, and telephone number of your three references. Please inform your referees to send references to the Program Director:</p> <p>i.</p> <p>ii.</p> <p>iii.</p>

## VERIFICATION AUTHORIZATION/CERTIFICATION STATEMENT

I certify that the information recorded herein is complete and accurate to the best of my knowledge. I recognize that any intentional misrepresentation or omission on my part may cause me to be disqualified from continuing if accepted based on this information. I hereby grant my permission to contact references and/or previous program directors to verify this information.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### CATEGORIES FOR REQUIRED DOCUMENTATION FOR SUBMISSION TO PROGRAMS

Candidates must provide the required documentation to the program selection committee:

**REQUIRED DOCUMENTATION FOR CANDIDATES WITHOUT PREVIOUS TRAINING AT DALHOUSIE** Submit the following documents to support your application and provide them directly to the receiving program. It is not acceptable to reuse documents that previously supported a CaRMS entrance application.

*The program may require additional documents beyond those noted below:*

1. **Completed application form**
2. **Dean's letter** (note category this application falls into):
  - a) **PGY1 Applicants** are required to supply a Medical Student Performance Record (sometime referred to as Undergraduate Dean's letter) that is an overview of their studies in Medical School,
  - b) **PGY2 & Higher Applicants** are required to supply a letter from the Postgraduate Dean verifying the candidate's postgraduate training dates and that the resident is in Good Standing.
3. **Official medical school transcript confirming MD convocation.**
4. **Three recent reference letters** sent directly by your referees to the relevant program or fellowship director.
5. **A Curriculum Vitae** (List appointments or positions, including residencies since graduation. List chronologically, giving dates, names of hospitals and specialty, etc. Also list publications, etc.)
6. **Letter of Intent.**
7. **Immigration Status:** If you are residing in Canada with immigration documents you must supply evidence of your work permit or permanent resident status. Changes to status from permanent resident to Canadian citizen must be evidenced by documentation.
8. **Language:** Dalhousie University requires all applicants to be eligible to register for a license in all provinces in which the program **requires** training. Both the College of Physicians and Surgeons of Nova Scotia and College of Physicians and Surgeons of Prince Edward Island have specific regulations regarding English language proficiency for physicians with MDs from outside of Canada. Please click here for details: <http://medicine.dal.ca/departments/core-units/postgraduate/admissions/international-med-grads.html>

**REQUIRED DOCUMENTATION FOR TRAINEES CURRENTLY IN THE DALHOUSIE SYSTEM** and applying for training in one of the following categories:

- 1) Sub-specialty,
- 2) AFC Diploma,
- 3) Fellowship
- 4) Program transfer

**Please submit the following documents to support your application and provide them directly to the receiving program.** Please note that it is not acceptable to reuse documents that previously supported a CaRMs entrance application. *The program may require additional documents beyond those noted below:*

- 1) **This application form**
- 2) **Official medical school transcript.**
- 3) **Program Director's Letter In lieu of Dean's Letter:** Dalhousie University residents applying require a letter from their Program Director rather than a Dean's letter.
- 4) **Two recent reference letters**

Once all admissions paperwork is completed, the program will forward the approved application to:

PGME Admissions, Faculty of Medicine,  
Clinical Research Centre,  
Dalhousie University,  
Room C-106, 5849 University Avenue,  
P.O. Box 15000, Halifax, NS, B3H 4R2  
Phone 902-494-3300, Fax 902-494-3644  
email: [admissions.pgme@dal.ca](mailto:admissions.pgme@dal.ca)

**GENERAL CANDIDATE INFORMATION:**

Upon acceptance to a program, successful candidates will be provided with required documents and additional instructions needed order to enroll for training at Dalhousie University. These will include, but not exclusive to, a formal Letter of Engagement and Resident Information Profile; appropriate licensing; CMPA; immunizations; ACLS; etc.

All required documentation must be in place prior to joining a training program.

Revised 11 July 2023