

**FACULTY OF MEDICINE
DALHOUSIE UNIVERSITY
APPLICATION FOR POSTGRADUATE MEDICAL TRAINING**

This form will be photocopied. Please print legibly using black ink.

APPLICATION FOR RESIDENCY TRAINING IN: _____

LEVEL (circle one): PGY1 PGY2 PGY3 PGY4 PGY5 PGY6 PGY7 PGY8

APPLICATION FOR FELLOWSHIP TRAINING IN: _____

Level of Fellowship Training:

1. NAME: _____
(LAST) (FIRST) (MIDDLE)

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

Street: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Home Phone: _____ Hospital Phone: _____ Alternate Phone: _____

Cell Phone: _____ Fax: _____ Email Address: _____

3. COUNTRY OF CITIZENSHIP: _____

4. IF NOT A CANADIAN CITIZEN, IMMIGRATION STATUS IS:

_____ Permanent Resident (Please supply a copy of their Permanent Resident document)
_____ Work Permit - Visa expiry month _____
_____ Student Authorization
_____ Other - Specify _____

5. The language of instruction in the Faculty of Medicine, Dalhousie University is English. Do you have a second language?

If so, specify. _____

Your Proficiency in English:		LIMITED	FLUENT
	SPOKEN	_____	_____
	WRITTEN	_____	_____

6. PREMEDICAL EDUCATION:

Colleges and Universities Attended	From	To	Graduate Year	Degree Obtained	Major Field Of Study
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7. MEDICAL EDUCATION:

Medical School(s)	City	Country	Degree	Year Granted
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8. Is your postgraduate training funded by the Department of National Defense (DND)? YES _____ NO _____

9. If your training is being sponsored (other than DND), please complete the following:

Name of funding government, department, organization agency or medical school:

Province or country of location where funding agency is located. _____

10. POSTGRADUATE TRAINING:

a) Provide information regarding any graduate preceptorships, internships, or residencies which you have served.

Institution: _____

Address: _____

Program Director OR Preceptor: _____

Type of Preceptorship, Internship or Residency: _____ Dates (From/To): _____

b) 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: _____

c) Have you ever withdrawn or been required or requested to withdraw from any postgraduate training program.

YES _____ NO _____ If yes, please explain. _____

d) Have you ever been disciplined? YES _____ NO _____ If yes, please explain. _____

e) Have you ever had your medical license suspended or revoked in any jurisdiction.

YES _____ NO _____ If yes, please explain. _____

- f) If you have already completed part of your training, briefly list what further training you require in order 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, **submit a copy of this assessment.**
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11. **EXAMINATIONS PASSED:** (Record date exam passed.)

Medical Council of Canada Evaluating Exam (MCCEE) _____

Part I - Medical Council of Canada Qualifying Exam (MCCQE I) _____

Part II - Medical Council of Canada Qualifying Exam (MCCQE II) _____

Foreign Medical Graduate Exam in Medical Science (FMGEMS) _____

National Board of Medical Examiners, Parts I, II (NBME) _____

United States Medical Licensing Exam (USMLE) _____

12. Do you intend to take further training in research in either clinical science or basic science. YES _____ NO _____

If yes, explain. _____

13. **ADDITIONAL PROFESSIONAL DEGREES (Include on Curriculum Vitae):**

14. **HONOURS AND AWARDS (Include on Curriculum Vitae):** List any honours and awards you have received while in medical or other postgraduate degree programs.

15. **RESEARCH (Include on Curriculum Vitae):** List medical research projects in which you have participated. Provide citations and dates.

16. **REFERENCES:** Please provide names, academic title, institution and telephone number of your three references. Please inform your referees to send references to the Program Director.

i. _____

ii. _____

iii. _____

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 on the basis of this information. I hereby grant my permission to contact references and/or previous program directors to verify this information.

DATE: _____ **SIGNATURE:** _____

This form, with all questions answered, must be returned to the University Department to which application is being made.

PLEASE NOTE

A completed application for **New Residents to Dalhousie** consists of:

1. **This application form;**
2. **Official medical school transcript** forwarded to the relevant program director;
3. **Dean's letter:**
 - a) **PGY1 Applicants** are required to supply an Undergraduate Dean's letter that is an overview of their studies in Medical School.
 - b) **PGY2 & Beyond Applicants** are required to supply a letter from the Postgraduate Dean verifying the candidate's postgraduate training dates and whether resident is in Good Standing.
4. **Three recent reference letters** sent directly by your referees to the relevant program 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, hobbies and other interests.);
6. **Personal Letter;**
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. **English Proficiency:** Because English is the language of study at Dalhousie, all applicants whose first language is not English must provide proof of English language proficiency. Candidates who have received their undergraduate medical education outside of Canada (non-English countries) must also show proof of this test to the College of Physicians & Surgeons of Nova Scotia for licensure (<http://www.cpsns.ns.ca/Portals/0/regpolicy-english-language-requirement.pdf>). You must have achieved the required proficiency in one of the following English language tests:

Test of English as a Foreign Language (TOEFL)

Academic Version required with a minimum of 24 in each of the 4 components.

International English Language Testing System (IELTS)

Academic Version required with a minimum of 7.0 in each of the components.

A completed application for **Residents already in the Dalhousie system** (for both subspecialty training or program transfer) consists of:

Advancing to a subspecialty:

1. **This application form;**
2. **Official medical school transcript** forwarded to the relevant program director;
3. **Program Director's Letter in lieu of Dean's Letter:** Dalhousie University residents applying 'internally' for program transfer or subspecialties training require a letter from their Program Director rather than a Dean's letter;
4. **Two recent reference letters** sent directly by your referees to the relevant program director.

Program Transfer (reference letters not needed for a program transfer):

1. **This application form;**
2. **Official medical school transcript** forwarded to the relevant program director;
3. **Program Director's Letter in lieu of Dean's Letter:** Dalhousie University residents applying 'internally' for program transfer or subspecialties training require a letter from their Program Director rather than a Dean's letter;

GENERAL INFORMATION: Before commencement of training, all appointed residents **MUST:**

1. Have a medical license in Nova Scotia and where appropriate, New Brunswick and Prince Edward Island.

Prior to officially starting training in Halifax-based programs in a Dalhousie University Residency Training Program, the candidate **MUST** obtain a license through the Registrar of the College of Physicians and Surgeons of Nova Scotia (7071 Bayers Road, Suite 5005, Halifax, Nova Scotia, Canada, B3L 2C2). If the resident is joining a New Brunswick-based program then s/he must obtain a license for that province at the address noted below.

Postgraduate trainees assigned to rotations in the Provinces of New Brunswick or Prince Edward Island also require an educational license by the College of Physicians and Surgeons of New Brunswick (One Hampton Road, Suite 300, Rothesay, NB E2E 5K8) or the College of Physicians and Surgeons of Prince Edward Island (14 Paramount Drive, Charlottetown, PE, C1E 0C7) for the duration of their training in each of these provinces. For these licenses the applicant shall apply to the appropriate Registrar(s) after acceptance by Dalhousie University.

2. Be a paid up member of the Canadian Medical Protective Association, P.O. Box 8225, Station T, Ottawa, ON, Canada, K1G 3H7.
3. Complete registration with the Postgraduate Medical Education Office, Faculty of Medicine, Dalhousie University, Clinical Research Centre, Room C-236, 5849 University Avenue, P.O. Box 15000, Halifax, NS, B3H 4R2.

Revised 27 April 2015