

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

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

APPLICATION FOR SPECIALTY OR SUB-SPECIALTY RESIDENCY TRAINING IN: _____

APPLICATION FOR AFC DIPLOMA IN: _____

APPLICATION FOR A FELLOWSHIP TRAINING IN: _____

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

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 _____

_____ Other - Specify _____

5. Dalhousie University requires all applicants to be eligible to register for a license to enable them to train within the Maritimes. 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 from outside of Canada. For more information see Item 3 "Language" <https://medicine.dal.ca/departments/core-units/postgraduate/admissions/international-med-grads.html>.

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. POSTGRADUATE TRAINING:

Answers to each of the following questions are **required**. Failure to answer or leaving 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.

a) **Is your postgraduate training funded by the Department of National Defense (DND)?** YES _____ NO _____

b) **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. _____

c) 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/To): _____

d) 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: _____

e) Have you ever had an application for medical licensure rejected?

YES _____ NO _____ If yes, please explain. _____

f) Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by a medical licensing authority?

YES _____ NO _____ If yes, please explain. _____

g) Have you ever withdrawn, been suspended, or been expelled from a medical school?

YES _____ NO _____ If yes, please explain. _____

h) Have you ever withdrawn from a postgraduate training program or been suspended or removed from practice during a postgraduate training program?

YES _____ NO _____ If yes, please explain. _____

i) Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct, competence or capacity that might be an impediment to your application for Postgraduate training or licensure?

YES _____ NO _____ If yes, please explain. _____

9 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 the assessment.**

10. **EXAMINATIONS PASSED:** (Record date exam passed.)

Medical Council of Canada Evaluating Exam (MCCEE) _____

National Assessment Collaboration Objective Structured Clinical Examination (NAC-OSCE) _____

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 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.

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

If yes, explain. _____

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

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

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

15. **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 Clinical Department and program to which application is being made.

CATEGORIES FOR REQUIRED SUPPORTING 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

Ensure to 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. **This 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 or a
- 4) Program transfer

Please ensure to 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** is to **forward** the approved application to:

PGME Admissions, Faculty of Medicine,
Clinical Research Centre,
Dalhousie University,
Room C-236, 5849 University Avenue,
P.O. Box 15000, Halifax, NS, B3H 4R2
Phone 902-494-3300, Fax 902-494-3644
email: 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.