



**APPLICATION FOR POSTGRADUATE MEDICAL TRAINING**

Application for specialty or sub-specialty residency training in: \_\_\_\_\_

Application for AFC diploma in: \_\_\_\_\_

Application for fellowship training in: \_\_\_\_\_

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

1. Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. Contact information (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:

- 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
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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. Please note that self-funded training is NOT permitted.

- a) Please identify how your training will be sponsored:
- DND
  - Government (please list which \_\_\_\_\_)
  - Department (please list which \_\_\_\_\_)
  - Organization or agency (please list which \_\_\_\_\_)
  - Medical School (please list which \_\_\_\_\_)

- b) 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): \_\_\_\_\_

- c) 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: \_\_\_\_\_

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

YES  NO If yes, please explain \_\_\_\_\_

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- e) 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. \_\_\_\_\_

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f) Have you ever withdrawn, been suspended, or been expelled from a medical school?

YES  NO If yes, please explain \_\_\_\_\_

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g) 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 \_\_\_\_\_

h) 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.**

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10. **Examination Passed:** (Record date exam passed.)

NOTE: A second failure on any MCCQE examination will result in notification of the PGME office and your program director by the College of Physicians and may require focused remediation training.

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, please 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.**

**REQUIRED SUPPORTING DOCUMENTATION (SEE NEXT TWO PAGES)**

## REQUIRED DOCUMENTATION FOR SUBMISSION TO PROGRAMS

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

### 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. **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 (sometimes 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>

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

- |                  |                     |
|------------------|---------------------|
| 1) Sub-specialty | 3) Fellowship       |
| 2) AFC Diploma   | 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** 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](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 13 January 2021