



TRAINEE APPOINTMENTS

THE UNIVERSITY OF WESTERN ONTARIO FACULTY OF MEDICINE & DENTISTRY AND AFFILIATED TEACHING HOSPITALS

APPLICATION FOR CLINICAL/RESEARCH FELLOWSHIP IN THE DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

SURNAME: _____

GIVEN NAMES: _____

PERMANENT ADDRESS: _____

Apt/Street. No.

Street

City / Province

Country

Postal Code

CURRENT ADDRESS: _____

Apt/Street. No.

Street

City/Province

Country

Postal Code

Phone Number

Fax Number

Email Address

I hereby apply for a position as a Clinical/Research Fellow in:

Subspecialty (e.g. cardiac anes, neuroanes etc) _____

Please indicate intended start date for training period (month/year) _____

Please indicate duration of training period _____ mths.

Will you be self-funded by your Government or institution: Yes _____ No _____

1. Have you previously held an Ontario General Licence to practice Medicine? Yes _____ No _____
Licence #: _____

TRAINEE APPOINTMENTS

APPLICATION FOR CLINICAL/RESEARCH FELLOWSHIP IN THE
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

2. Which of the following examinations or qualifications have you passed? [Please provide proof of results]

- a) Medical Council of Canada Evaluating Examination [MCCQE] ()
- i) Part 1 ()
- ii) Part 11 ()
- iii) Are you a licentiate of the Medical Council of Canada? ()
 Registration# _____
- b) Medical Council of Canada Evaluating Examination [MCCEE] ()
- c) Federation of Licensing Authorities Examinations [FLEX] ()
- d) Other (Please specify)..... ()

3. Previous College Certification and/or Board Examinations for Anesthesia

CERTIFYING BODY	SPECIALTY	COUNTRY	YEAR

4. Was the language of instruction at your medical school conducted completely in English? Yes/No

If no, you must complete both TSE and ITELS testing and submit scores.

5. Was the language of patient care during your medical school training conducted completely in English? Yes/No

If no, you must complete both TSE and IETLS testing and submit scores.

6. Please list language(s) that you are fluent in:

Written: _____
Spoken: _____

7. ATTACHMENTS:

Please provide the following:

- a) For graduates from other than Canadian Medical Schools, a copy of your Medical School Transcripts
- b) For graduates from other than Canadian or US Medical Schools, a copy of your Medical School Degree
- c) A copy of your Anesthesia certification

8. REFEREES: Three letters of reference are required from teachers who have had a meaningful responsibility for your medical education. If you have recently obtained anesthesia certification, then one of your referees must be the program director in charge of anesthesia training.

Please note that your application will not be considered until these letters of reference, which must be **mailed directly and independently by the referee**, have been received. You are responsible for asking the 3 referees to send their letter of references to us. **Please note, we will not accept referee forms that have been submitted by the applicant.**

TRAINEE APPOINTMENTS

APPLICATION FOR CLINICAL/RESEARCH FELLOWSHIP IN THE
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

Please provide the necessary contact information for each of your referees so that we may contact them if needed. It would assist us greatly if you would inform your referees ahead of time that they will be contacted by us.

- 1. **Name:**
Nature of contact:
Mailing address:
Telephone:
Fax number:
Email address:

- 2. **Name:**
Nature of contact:
Mailing address:
Telephone:
Fax number:
Email address:

- 3. **Name:**
Nature of contact:
Mailing address:
Telephone:
Fax number:
Email address:

9. PRE-MEDICAL EDUCATION

University:
Dates of attendance:
Program:
Degree awarded:
Date of Graduation:

10. MEDICAL EDUCATION

University:
Medical School:
Dates of attendance:
Degree awarded:
Date of Graduation:

11. POSTGRADUATE TRAINING: (Internships, Residencies, etc.)

Please list in chronological order all postgraduate training appointments from date of graduation, including hospitals, disciplines, duration and level of training.

PERIOD month & year	POSITION	PROGRAM	UNIVERSITY/ HOSPITAL	DIRECTOR/ SUPERVISOR
------------------------------------	-----------------	----------------	---------------------------------	---------------------------------

INTERNSHIP

TRAINEE APPOINTMENTS

APPLICATION FOR CLINICAL/RESEARCH FELLOWSHIP IN THE
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

--	--	--	--	--

RESIDENCY/FELLOWSHIP

- 12. List in chronological order, all of your professional appointments and type of practice including duration and location (Specify hospital, city, province, country) you have held since graduation.**

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)

- 13. List all previous and current medical licences (Type and duration) in every jurisdiction since your graduation.**

- 14. List certificates, awards, scholarships, etc. and the year in which they were obtained.**

- 15. List of academic, teaching, and research activities.**

TRAINEE APPOINTMENTS

APPLICATION FOR CLINICAL/RESEARCH FELLOWSHIP IN THE
DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

16. List of publication giving names of authors, titles, journals, etc.

17. List of memberships in professional organizations.

18. Reasons for the fellowship you are interested in; Please specify objectives and special interests.

19. I certify that the above answers are accurate.

20. I certify that my Curriculum Vitae is accurate and complete.

SIGNATURE: _____ **DATE:** _____

**PLEASE MAIL COMPLETED FORM TO: MISS JAMIE ALLAER, DEPT. OF ANESTHESIA AND PERIOPERATIVE MEDICINE, LONDON HEALTH SCIENCES CENTRE, UNIVERSITY HOSPITAL
339 WINDERMERE ROAD, LONDON, ONTARIO, CANADA N6A 5A5.
PHONE : 1-519-663-3022 FAX: 1-519-663-2957
EMAIL: Jamie.Allaer@lhsc.on.ca**