

APPLICATION FORM – COLORECTAL SURGERY PROGRAM

1 YEAR CLINICAL FELLOWSHIP

Period of Time Applied for: From: _____ To: _____
(1-July-year) (30-June-year)

PERSONAL INFORMATION:

NAME: _____

CURRENT ADDRESS: _____

Home phone: _____

Business phone: _____

Fax: _____

Email: _____

Place of Birth: _____

Citizenship: _____

Landed Immigrant: No Yes

Languages spoken fluently: English French
 Other (please specify): _____

EDUCATION:

Medical Education:

Name of Medical School: _____

City: _____ Country: _____

Degree obtained: _____ Year: _____

Postgraduate Training:

Name of Medical School: _____

City: _____ Country: _____

Dates of training completed: _____ to _____
(day/month/year) (day/month/year)

Specialty Certification:

Name of Licencing Body: _____

City: _____ Country: _____

Degree obtained: _____ Year: _____

TOEFL/TSE:

Please note: If you are a graduate of a medical school other than in Canada or the United States and your language of instruction and patient care was not conducted in the English language you must provide proof of:

Test of English as a Foreign Language (TOEFL) with a minimum score of 237 and

Test of Spoken English (TSE) with a minimum score of 50 or

Test of English as a Foreign Language Internet-based test (TOEFL iBT) with a minimum overall score of 93 including a minimum score of 24 on the speaking section

FUNDING:

Do you have funding?

- No
 Yes*

* Please attach a copy of proof of funding from your funding agency if applicable. If you are not funded by an outside organization, you can only be accepted for *clinical fellowship* if the supervisor of the fellowship is able to provide funding for you. Clinical Fellows in the Department of Surgery cannot be self-funded.

AGREEMENT:

I understand that any offer of Fellowship training is contingent upon my ability to fulfill the licensing requirements of the College of Physicians and Surgeons of Ontario.

I understand that Fellowship training cannot be accredited toward certification by the Royal College of Physicians and Surgeons of Canada.

If accepted for postgraduate training, I agree to register with the University of Toronto, Department of Postgraduate Medical Education each year during the training period at an annual registration fee of \$770.00 (fee is subject to change).

Signature: _____

Date: _____

A COMPLETE APPLICATION MUST INCLUDE: **(please arrange documents in order)**

- | | |
|---|--|
| 1) An application form | <input type="checkbox"/> <i>included with this package</i> |
| 2) A current Curriculum Vitae | <input type="checkbox"/> <i>included with this package</i> |
| 3) A copy of your medical diploma (with translations if applicable) | <input type="checkbox"/> <i>included with this package</i> |
| 4) A copy of your specialty certification (with translations if applicable) | <input type="checkbox"/> <i>included with this package</i> |
| 5) 3 letters of reference | <input type="checkbox"/> <i>included with this package</i> |
| 6) Copies of your TOEFL iBT or TOEFL and TSE scores (if applicable) | <input type="checkbox"/> <i>or emailed separately</i> |
| 7) Proof of funding letter (if applicable) | <input type="checkbox"/> <i>included with this package</i> |

Email completed application package **by March 15th of the year preceding the July intake year** to the Program Administrator: Irina Ochakovsky irina.ochakovsky2@sinaihealth.ca
For further information regarding our Program at the University of Toronto in the Department of Surgery please visit our website at: <http://surgery.utoronto.ca/colorectal-surgery-program>