



FELLOWSHIP APPLICATION FORM

Website: <http://www.obgyn.utoronto.ca/fellowships/programs.htm>

NOTE TO APPLICANT:

1. Internationally trained applicants must complete the 4-12 week **Pre-Entry Assessment Program (PEAP)**. Only successful applicants will be permitted to proceed with fellowship training.
2. The **timeline** for processing applications is as follows: 1-3 months for Canadian applicants; 4-6 months for foreign national applicants.
3. Forward completed application to the Fellowship Program Director. See website for contact information

Fellowship Program applying for:	
Fellowship Director of above program:	
Proposed start date:	

Section A. Applicant Information

1. Personal Details

Name			
	<i>Family name</i>	<i>First name</i>	<i>Middle name</i>

HOME Address				
	<i>Street</i>			<i>Apt. #</i>
	<i>City/Town</i>	<i>State/Province</i>	<i>Postal/ZIP Code</i>	<i>Country</i>

MAILING Address				
	<i>Street</i>			<i>Office #</i>
	<i>City/Town</i>	<i>State/Province</i>	<i>Postal/ZIP Code</i>	<i>Country</i>

PHONE	Mobile:	Home:
E-mail Address:		Fax:

Citizenship	Canadian Citizen __Yes__NO	Permanent resident of Canada __Yes__NO
	<input type="checkbox"/> Other country Citizen: specify:	

Current Professional Status:

Resident: __Yes__NO	Fellow __Yes__NO	Practising Specialist __Yes__NO
Do you currently have a licence to practise medicine in the Province of Ontario		__Yes__NO

2. Education

	Name of University, City, and Country	Years of Attendance From To
Undergraduate Degree		
Medical Degree		
Residency		
Other		

Section B. Documents required from ALL FELLOWSHIP APPLICANTS

- | |
|--|
| <input type="checkbox"/> 3. Curriculum Vitae (CV) must include, at the beginning : <ul style="list-style-type: none"> <input type="checkbox"/> Applicant's country of birth and citizenship <input type="checkbox"/> Date of birth <input type="checkbox"/> Current employment status <input type="checkbox"/> E-mail and residential addresses. Time gaps of training and/or professional appointments must be clarified under separate cover. |
| <input type="checkbox"/> 4. Medical Degree (copy) from University of graduation (<i>with English translation¹ if NOT in English</i>). |
| <input type="checkbox"/> 5. Specialist Certificate (copy) from accepted certification board or equivalent, stating the applicant is a certified specialist (<i>with English translation¹ if NOT in English</i>). <p>For applicants who are in their final year of training:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Out of Canada: provide an official letter/certificate from the Certification Board that <ol style="list-style-type: none"> 1) confirms the applicant is enrolled in a training program for specialist certification and 2) states the expected date of certification. <input type="checkbox"/> In Canada: provide a letter from the Program Director that <ol style="list-style-type: none"> 1) confirms the applicant is enrolled in a training program for specialist certification, and 2) states the expected date of certification. |
| <input type="checkbox"/> 6. Personal letter stating applicant's goals and objectives |
| <input type="checkbox"/> 7. Two/three letters of reference |

¹TRANSLATIONS

All documents and letters not written in the English or French language must be accompanied by **certified** English or French translations. An ORIGINAL certified document must be sent in hard copy to accompany the electronic application.

All translations must be certified by one of the following:

- (i) A Certified Member of the Association of Translators and Interpreters of Ontario (ATIO). To find a certified translator, please visit their website: www.atio.on.ca. Translations completed by a certified member of the equivalent Association of Translators and Interpreters in another Canadian province/territory are also acceptable.
 - (ii) A Canadian Embassy overseas or a foreign embassy or consular office in Canada authorized to certify translations.
- Translations sent by the medical school are acceptable provided they are dated and stamped by the medical school to verify the contents and are received directly from the medical school with the original language document. Translations not meeting the above requirements are not acceptable." (College of Physicians and Surgeons of Ontario, *Applications for IMG Clinical Fellows*)

Section C. Additional Documentation required from FOREIGN NATIONALS

- | |
|---|
| <input type="checkbox"/> 8. Evidence of funding support: Applicants with an educational licence only (no general licence) and salary support from a third party must document a minimum of \$35,000 CDN per annum support. |
| <input type="checkbox"/> 9. Copy of TOEFL IBT** results that demonstrate:
TOEFL IBT Passing score: 93 , including a minimum of 24 on the speaking section.

(**TOEFL Services: P.O. Box 6151, Princeton, NJ 08541, USA
Tel: (609) 771-7100, Fax: (609) 771-7500, Email: toefl@ets.org , website: www.toefl.org) |
| <input type="checkbox"/> 10. Work Permit processing fee:
University of Toronto administrative processing fee is \$150 CDN in the form of:
–credit card authorization –(see Appendix 1).
OR
–cheque / money order made payable to the <i>University of Toronto</i> . |



**Postgraduate Medical Education
UNIVERSITY OF TORONTO**

APPENDIX 1

Work Permit Processing Fee* \$150.00 (Canadian Funds)

*Please note that this fee is a University of Toronto administrative fee and is distinct from any fees that Citizenship and Immigration Canada may require you to submit.

Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____

Telephone: _____ Email Address: _____

I authorize the University of Toronto to charge my:

VISA
MASTERCARD

Name As It Appears On Credit Card: _____

Credit Card Account Number: _____

Expiry Date on Card: _____
Month Year

Signature: _____