

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.
- ${\tt 3.}\ {\tt Forward\ completed\ application\ to\ the\ Fellowship\ Program\ Director.\ See\ website\ for\ contact\ information$

Fellow

Yes

Do you currently have a licence to practise medicine in the Province of Ontario

NO

Fellowshi	ip Progra	m applying for:							
Fellowshi	ip Directo	or of above program:							
Proposed	start dat	te:							
Section A	A. Applic	ant Information							
. Persona	al Details								
Name									
	Family na	ame		First name			Middl	Middle name	
HOME A	ddross						•		
TIOIVIL A	iuui ess	Street						Apt. #	
		City/Town	State	e/Provin	ce	Postal/ZIP Code	Country		
MAILIN	IG Addres	is							
		Street						Office #	
		City/Town	State	/Provinc	e	Postal/ZIP Code	Country	/	
PHONE	Mobile	e:			Home:				
E-mail A	Address:					Fax:			
Citizens		anadian Citizen	_YesNO		Permanent	resident of Canad	daYes	sNO	
		Other country Citi	zen: speci	fy:					
urrent Pr	ofessiona	al Status:							

2. Education

Resident:

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

Practising Specialist

NO

Section B. Documents required from ALL FELLOWSHIP APPLICANTS

3. Curriculum Vitae (CV) must include, at the beginning: Applicant's country of birth and citizenship Date of birth Current employment status E-mail and residential addresses. Time gaps of training and/or professional appointments must be clarified under separate cover.
4. Medical Degree (copy) from University of graduation (with English translation if NOT in English).
5. Specialist Certificate (copy) from accepted certification board or equivalent, stating the applicant is a certified specialist (with English translation ¹ if NOT in English).
For applicants who are in their final year of training: Out of Canada: provide an official letter/certificate from the Certification Board that 1) confirms the applicant is enrolled in a training program for specialist certification and 2) states the expected date of certification. In Canada: provide a letter from the Program Director that 1) confirms the applicant is enrolled in a training program for specialist certification, and 2) states the expected date of certification.
6. Personal letter stating applicant's goals and objectives
7. Two/three letters of reference

¹"TRANSLATIONS

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

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.
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)
 10. Work Permit processing fee: University of Toronto administrative processing fee is \$150 CDN in the form of:
eneque, mene, enue made payable to the environment



Date:	-	
Name: Last Name	First Name	Middle Name
Address:		
Telephone:	Email Ad	ldress:
I authorize the University o VISA MASTERCARD AMERICAN EXPRESS		
Name As It Appears On Cre		
Credit Card Account Numb	er:	
Expiry Date on Card:		Year
Signature:		

For payment of \$155.00 (Canadian Funds) University of Toronto visa processing fee*.

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

FACULTY OF MEDICINE Postgraduate Medical Education 500 University Avenue, 6th Floor Toronto, Ontario M5G 1V7 Canada pgme.utoronto.ca