Obstetrics & Gynaecology
UNIVERSITY OF TORONTO

FELLOWSHIP APPLICATION FORM

Website: https://obgyn.utoronto.ca/about-program-2

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; 5-6 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			
	Family name	*First name*	*Middle name*

HOME Address				
	Street			Apt. #
	City/Town *State/Province*		*Postal/ZIP Code*	*Country*

MAILING Address				
	Street			Office #
	City/Town *State/Province*		*Postal/ZIP Code*	*Country*

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

Citizenship	**Canadian Citizen** __Yes__NO	**Permanent resident of Canada** __Yes__NO
	☐ **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

☐ **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*[1] *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. 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 sponsoring agency (institution or hospital) must document a remuneration minimum of $30,000 CDN per annum. The combination of funding from sponsoring agency and Fellowship Division Fund must amount to a minimum **PARO PGY3 salary** equivalent.

Any external funds from sponsor are to be deposited to fellowship program account prior to the training start date as designated but unrestricted grant.

☐ **9. Copy of language assessment:** *(Note that this is a departmental requirement)*
- TOEFL – IBT: overall score of 93 with a speaking sub-score of at least 24 (www.ets.org/toefl) **or**
- IELTS – Academic: overall score of 7 with speaking sub-score of at least 7.5 (www.ielts.org) **or**
- Proficiency testing is not required if trained in an English-speaking school. If this is the case, please email obgyn.fellowship@utoronto.ca with a copy of CV and details so that an exemption can be requested

☐ ***10.* Work Permit - Visa processing fee***:*
Payment to be ONLY made once accepted into a fellowship program. For International Clinical Fellows or Sponsored Residents submitting for the first time:
https://facmed.registration.med.utoronto.ca/portal/events/reg/participantTypeSelection.do?method=load&entityId=4927854