

POST GRADUATE (MD) FELLOWSHIP APPLICATION FORM

Application Pre-requisites:

- I am a Canadian Citizen or Permanent Resident of Canada.
- I am legally allowed to work in Canada.
- I hold a valid Social Insurance Number.
- I have completed, or will complete, a Post Graduate Residency Training Program in Canada or the United States prior to the start of the Fellowship.
- I am able to satisfy the basic eligibility requirements AND the Specialty Practice Requirements of the [College of Physicians and Surgeons of Alberta \(CPSA\)](#).
- I am eligible to obtain [Canadian Medical Protective Insurance \(CMPA\)](#) coverage for Canada.

This application form shall be used to apply for **ALL** Fellowship and Areas of Focused Competence (AFC) Programs listed as open in this application cycle, *except* Clinical Biochemistry and Histocompatibility. Please visit the [DPLM website](#) and "Clinical Fellowships & AFC Programs" section for additional forms.

It is the applicant's responsibility to ensure that they satisfy **ALL** of the application pre-requisites (above) **AND** the application (including letters of reference) is **COMPLETE** and received by the Fellowship Office by the deadline of **MARCH 31 at 1600h MST**.

For questions or concerns regarding the application process, please email CalgaryFellowship@albertaprecisionlabs.ca.

Please adhere to, and complete, the application checklist below:

- Completed Application Form
- Curriculum Vitae (C.V.) attached
- Include other attachments, as per Section 2, in a single pdf document
- Three (3) reference letters submitted to the DPLM/APL Fellowship Committee Office **directly from the referee**. These letters must be current at the time the application is submitted and should attest to familiarity with the applicant's professional expertise, the length of acquaintance and the good character of the applicant. Letters can be submitted via email OR mail to:

DPLM/APL Fellowship Committee

c/o Apple Cebedo, Fellowship Training Coordinator
Alberta Precision Laboratories

Email: CalgaryFellowship@albertaprecisionlabs.ca

Mailing address: Diagnostic and Scientific Centre
9, 3535 Research Road NW, Calgary, AB T2L 2K8

Last Name of Applicant: _____

Section 1 Applicant Demographics

Full Name (Last, First Middle):	Fellowship Program Applying for:	
Current Mailing Address:	CMPA #:	CPSA #:
	Email Address (non-institutional):	
	Phone Number:	
Permanent Mailing Address:	I have completed a residency training program in Canada/United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Residency Training Program Specialty:	
	Canadian citizenship status:	

Section 2 Curriculum Vitae & Attachments

Please attach your entire curriculum vitae (including complete bibliography) as a separate document with your application.

My C.V. is attached: Yes No

Additional Attachments to this Application

Attachments are to be sent as **ONE** pdf file attached to the same email as your application form. Please name the attachment file as follows: "LastName_FirstName-Attachments.pdf"

Documents included in your pdf (select all that apply):

- Medical School Degree (provide translation to English if needed)
- Post Graduate Residency Program Certificate of Completion
- Post Graduate Residency Program Letter of Good Standing (if still in post graduate training)
- ILETS English Proficiency Examination Results
- Copy of current Provisional License (if still in post graduate training)
- Copy of current Malpractice coverage (if still in post graduate training)
- Copy of Canadian Passport (photo page)



Section 3 Personal Letter

Insert your personal letter in the space provided below. The personal letter should include an introduction and why you are interested in the Fellowship



Section 4 References

Please provide the names, title(s) and contact information (email and phone) of **three** referees whom you have asked to write in support of your application.

	Referee #1	Referee #2	Referee #3
Name			
Title(s)			
Email			
Phone			

Section 5 Attestation and Signature

Electronic signatures are permitted.

Full Name	Signature**	Date

****By signing this document, I affirm that all of the information contained in this application is true and complete to the best of my knowledge. I agree to the distribution of the information contained herein only for the purposes of applying to the Department of Pathology & Laboratory Medicine.****

For Office Use Only:

- Application complete
- Reference Letters (x3) received
- Submitted to Fellowship Program Committee for review

Date: _____