



**Department of Anesthesiology, Perioperative and Pain Medicine
Cumming School of Medicine
Fellowship Application**

For which Fellowship are you applying?			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Cardiac Anesthesia		Regional Anesthesia and Acute Pain
	Neuro-Anesthesia		Safety and Quality
	Perioperative Medicine		Simulation
	Pediatric Anesthesia		Thoracic Anesthesia
	Perioperative Ultrasound		

Section 1 – Personal Details	
Surname	
First name	
Middle name(s)	
Your qualifications	Please list the qualifications you wish to appear on your records (e.g., BA, MD, FRCPC).
Contact Information	
Street number	
Street name	
City	
Province	
Postal Code	
Primary Phone number	
Email address	

Section 2 – Education and qualifications

Notes

- Please give your full university educational history with the qualifications awarded.
- You must provide proof of all qualifications with your application, i.e., Bachelor's Degree, Medical School Degree, Royal College Certification.
- Please email a scanned copy of each of your qualifications.
- In addition, you must also send an updated copy of your *Curriculum Vitae*.

University education

Level (Degree name)	
University attended	
Period of study (mm/yy – mm/yy)	
Date of graduation	
Level (Degree name)	
University attended	
Period of study (mm/yy – mm/yy)	
Date of graduation	
Level (Degree name)	
University attended	
Period of study (mm/yy – mm/yy)	
Date of graduation	
Level (Degree name)	
University attended	
Period of study (mm/yy – mm/yy)	
Date of graduation	
Level (Degree name)	
University attended	
Period of study (mm/yy – mm/yy)	
Date of graduation	

Questions
1. Have you ever had an application for medical licensure rejected?
a. NO
b. YES
If YES, please explain.
2. Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by a medical licensing authority?
a. NO
b. YES
If YES, please explain.
3. Have you ever withdrawn, been suspended, or been expelled from a medical school?
a. NO
b. YES
If YES, please explain.
4. Have you ever withdrawn from a postgraduate training program or been suspended or removed from practice during a postgraduate training program?
a. NO
b. YES
If YES, please explain.
5. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect to your character, conduct, competence or capacity that might be an impediment to your application for your Fellowship or your licensure?
a. NO
b. YES
If YES, please explain.

Section 3 - Experience

Other Professional Certifications

Title / Designation	
Date	
Institution	
Title / Designation	
Date	
Institution	
Title / Designation	
Date	
Institution	

What experience have you had for the Fellowship for which you are applying?

Section 4 – Statement of Intent

Please describe your interests. If known, please describe your projects / goals that you would like to complete during your Fellowship.

Section 5 – Referees’ Declaration

This section must contain the contact information for three (3) referees.

- In addition to their contact information, Referees should each provide a letter of support that is signed and sealed or directly emailed to the address on the last page of this Application.
- A Referee should normally be
 - An Attending Physician or University Professor who has known you personally for at least two years;
 - Able to vouch for your clinical and/or academic acumen;
 - Able to evaluate you as being a fit candidate for your selected Fellowship.
- Referees should understand that we may use the details given on this page to contact them to verify the information provided.

First Referee	
NAME (BLOCK CAPITALS)	
Occupation	
Address	
Phone number	
Email address	
Second Referee	
NAME (BLOCK CAPITALS)	
Occupation	
Address	
Phone number	
Email address	
Third Referee	
NAME (BLOCK CAPITALS)	
Occupation	
Address	
Phone number	
Email address	

Section 6 – Applicant’s Declaration

I, _____ (*Name of Applicant*), hereby certify that the information recorded herein is complete and accurate to the best of my knowledge. I recognize that any intentional misrepresentation or omission on my part may cause me to be disqualified from continuing if accepted on the basis of this information. I hereby grant permission to contact Referees and/or previous Program Directors to verify this information.

Signature

Date

Documentation Checklist

Your application will be considered complete when the following documents are received either by email or mail.

✓	
	Fellowship Application Form
	Proof of Degrees / Royal College Certification / Medical and Specialist Licensure
	Curriculum Vitae
	Statement of Intent
	Letters of Reference (3)

Notes

- This form can be emailed to us, together with the required supporting documents.
- Supporting documents may be scanned / emailed to us at:
Anesthesia.Fellowships@ahs.ca
- Alternatively, supporting documents may be mailed to us at:
Program Secretary
Department of Anesthesiology, Perioperative and Pain Medicine
Foothills Medical Centre
1403 – 29th Street NW
Calgary, AB T2N 2T9
- References should be signed, sealed and personally mailed or emailed directly by the Referee.
- Correspondence with you will be by email. Please ensure that your email address is legible.
- Before sending your Application, please ensure that all items in the Document Checklist have been completed.