LITE Program Declaration of Interest

Name:

Email/Contact Information:

Program/Discipline (e.g., Paediatrics, RRT, RN):

Year of Training (e.g., PGY 3; 2nd year fellow) or Practice:

I am interested in:
- ☐ Health Professions Education Research
- ☐ Simulation
- ☐ Both

I am interested in a (note durations are flexible):
- ☐ Elective (2-12 weeks)
- ☐ Certificate (3+ months)
- ☐ Fellowship (12-24 months)

Preferred Start/End Date:

Alternate Dates:

Additional Comments:

Please send the completed form to: samantha.metler@sickkids.ca