



**International Clinical Fellowship Application
Division of Urology
The Hospital for Sick Children
University of Toronto**

Date of Appointment: (From) _____ (To) _____

Type of Fellowship: Clinical / Research Fellowship

PERSONAL INFORMATION:

1) NAME: _____
(Last) (First) (Middle)

2) CURRENT ADDRESS:

(Street Address)

(City/Town) (Postal/Zip Code)

(Home Phone) (Work Phone) (E-mail address)

3) PERMANENT ADDRESS:

(Street Address)

(City/Town) (Postal/Zip Code)

(Home Phone) (Work Phone) (E-mail address)

4) **BIRTHDATE:** _____ **PLACE OF BIRTH:** _____
(Day)/ (Month) /(Year)

5) **SOCIAL INSURANCE NUMBER:** _____

6) **CITIZENSHIP:** _____

CANADIAN LANDED IMMIGRANT: Yes _____ No _____

7) **LANGUAGES SPOKEN FLUENTLY:** English _____ Other _____

EDUCATION:

1) POST-GRADUATE TRAINING: (RESIDENCY)

Medical School: _____

City: _____ Country: _____

Degree Obtained: _____ Year: _____

2) MEDICAL EDUCATION:

Medical School: _____

City: _____ Country: _____

Degree Obtained: _____ Year: _____

3) EXAMINATIONS:

If you are a graduate of a medical school other than in Canada or the United States, have you passed any of the following examinations?

_____ Medical Council of Canada Evaluating Exam (MCCEE) / Date Passed: _____

_____ Medical Council of Canada Qualifying Exam (MCCQE) / Date Passed: _____

_____ Test of English as a Foreign Language (TOEFL) / Mark: _____ (minimum 580)

_____ Test of Spoken English (TSE) / Mark: _____ (minimum 220)

4) LICENSURE:

Are you registered with The College of Physicians & Surgeons of Ontario:

Yes: _____ In Progress: _____ No: _____

Type of License:

General _____
Yes / No License No. Date of Expiry

Specialty _____
Yes / No License No. Date of Expiry

Educational _____
Yes / No License No. Date of Expiry

5) Do you have secure funding? Yes or No

If yes, please indicate source of funding: _____

5) ADDITIONAL INFORMATION REQUIRED:

Please include:

- Updated Curriculum Vitae
- 3 reference letters (can be included or sent directly from referee to: lisa.abreu@sickkids.ca)
- A statement of career goals

DECLARATION:

In making a clinical and/or research fellowship application to the Division of Urology, University of Toronto, I agree to abide by the By-Laws and by such Rules and Regulations of the Hospital Code of Ethics.

I hereby authorize The College of Physicians and Surgeons of Ontario to release to the Division of Urology, University of Toronto information on myself held by the College. I also agree to register with the College of Physicians and Surgeons of Ontario (Educational Register) and as a Postgraduate Student in the University of Toronto.

Date: _____ Signature of Applicant: _____

Applicant:

Please forward the completed application to Program Director: Dr. Walid Farhat walid.farhat@sickkids.ca and Lisa Abreu lisa.abreu@sickkids.ca

Thank you,

Division of Urology

For office use only.

APPROVAL:

I hereby recommend the appointment of Dr. _____ as a Clinical and/or Research Fellow in the Division of Urology at The Hospital for Sick Children from _____ to _____.

Supervisor: _____ **Date:** _____

Chief of Urology: _____ **Date:** _____

Surgeon-in-Chief: _____ **Date:** _____

(if applicable)

Chairman, Department of Surgery: _____ **Date:** _____

Supervisor:

Please forward the original application (including approval from the Chief of Urology) to the **R.S. McLaughlin Professor & Chairman, Department of Surgery**, University of Toronto, 100 College Street, Room 311, Toronto, Canada M5G 1L5. (Phone 416- 978-8945 / Fax 416-978-3928)