Department of Laboratory Medicine and Pathology
Faculty of Medicine and Dentistry

APPLICATION for Subspecialty Fellowship Training -

Please return this form to:

Name of Fellowship Program:
Name of Program Director:
Email of Program Director:
Department of Laboratory Medicine and Pathology
University of Alberta
Edmonton, AB. Canada

**** IMPORTANT: A complete application includes:**

- ☐ A letter of intent outlining the reasons and skills for pursuing the fellowship
- ☐ A current CV outlining education/training, teaching, research, and leadership experiences
- ☐ Three letters of reference (see below)
- ☐ Copies of your current evaluations (6 month evaluations would be acceptable)
- ☐ Medical School Transcripts
- ☐ Foreign Trainees must also provide Proof of English Proficiency (for more information see:http://www.cpsa.ab.ca/Services/Registration_Department/Alberta_Medical_Licence/Englishlanguageproficiency.aspx)

Department of Laboratory Medicine and Pathology
Faculty of Medicine and Dentistry

1. Personal Information

I, _____ _____
Surname Given Name

would like to apply for a fellowship position in the Department of Laboratory Medicine and

Pathology: _____(Program Name)

From (start date): _____ To (end date): _____

Immigration Status: _____

Present Address:

Telephone:

E-mail:

Permanent Address:

Telephone:

E-mail:

2. Education and Experience

**** Please provide copies of current evaluations of training along with the information below****

M.D. Obtained: _____ Year:
Name of Institution and Country

Postgraduate Training:

Present Position: _____

*MCCEE_____ *MCCQE (Part 1) _____ LMCC Cert. No.:_____
(Year Passed-Attach Proof) (Year Passed – Attach Proof)

If you plan on writing the Royal College of Physicians & Surgeons of Canada Examinations on completion of your training you will be required to provide proof that you have written the MCCEE and MCCQE exams.

3. References

Three letters of references should be forwarded directly to the Program Director. These references should be from physicians with whom you have recently worked, and who are willing to write letters of reference to attest to your suitability for further training in _____(Program Name). Please list these physicians below:

Referee #1
Name and Address:
E-mail:
Phone No:

Referee #2
Name and Address:
E-mail:
Phone No:

Referee #3
Name and Address:
E-mail:
Phone No:

4. Credentialing

If you have completed specialty training outside of Canada, has this been evaluated by the Credentials Committee of the Royal College of Physicians and Surgeons of Canada (see more at: http://www.physiciansapply.ca/):

☐ Yes (If yes, please attach a copy of the evaluation).

☐ No

SIGNATURE: _____ DATE:_____