

# APPLICATION for Subspecialty Training - PEDIATRIC CARDIAC CRITICAL CARE MEDICINE FELLOWSHIP

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Please return this form to:

Dr. V. Ben Sivarajan  
Program Director, Pediatric Cardiac Critical Care Medicine Training Program  
c/o Ms. Angela Sperling  
Edmonton Clinic Health Academy  
4-592B, 11405- 87 Avenue  
University of Alberta  
Edmonton, AB T6G 1C9

Or by e-mail at [sperling@ualberta.ca](mailto:sperling@ualberta.ca)

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**\*\* IMPORTANT: Please include your Letter of Intent and most current Curriculum Vitae with your Application \*\***

## 1. Personal Information

I,   would like to apply for a  
Surname Given Name  
fellowship position in the Department of Pediatrics, Division of Pediatric Critical Care Medicine.

From: [Click here to enter a date.](#) To [Click here to enter a date.](#)

Immigration Status: Choose an item.

Present Address:

  
  
  

Telephone:

Fax:

E-mail:

Permanent Address:

  
  
  

Telephone:

## 2. Education and Experience

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

M.D. Obtained:  Year [Click here to enter a date.](#)  
Name 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 address listed below. 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 Pediatric Critical Care Medicine. Please list these physicians below:

Referee #1

Name and Address:

<input type="text"/>	E-mail: <input type="text"/>
<input type="text"/>	Phone No: <input type="text"/>
<input type="text"/>	Fax No: <input type="text"/>
<input type="text"/>	

Referee #2

Name and Address:

<input type="text"/>	E-mail:	<input type="text"/>
<input type="text"/>	Phone No:	<input type="text"/>
<input type="text"/>	Fax No:	<input type="text"/>
<input type="text"/>		

Referee #3

Name and Address:

<input type="text"/>	E-mail:	<input type="text"/>
<input type="text"/>	Phone No:	<input type="text"/>
<input type="text"/>	Fax No:	<input type="text"/>
<input type="text"/>		

#### 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:

- Yes (If yes, please attach a copy of the evaluation).
- No

SIGNATURE: \_\_\_\_\_

DATE: [Click here to enter a date.](#)

**NOTE:** A **complete** application includes:

- A letter of Intent
- Application for Residency form
- A current CV
- Three letters of Reference
- 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/Libraries/Pro\\_Registration/Compliance\\_with\\_National\\_Standards.pdf](http://www.cpsa.ab.ca/Libraries/Pro_Registration/Compliance_with_National_Standards.pdf))

Updated May 26, 2020



**Please Return Completed Application To:**

Angela Sperling, Program Administrator  
Pediatric Critical Care Medicine  
Edmonton Clinic Health Academy  
4-592B, 11405 – 87 Avenue  
University of Alberta  
Edmonton, Alberta T6G 1C9  
Or by e-mail at [sperling@ualberta.ca](mailto:sperling@ualberta.ca)

To be entered by Medical Education Staff Only

- |                                      |                                            |
|--------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Resident IV | <input type="checkbox"/> Clinical Fellow   |
| <input type="checkbox"/> Resident V  | <input type="checkbox"/> Research Fellow   |
| <input type="checkbox"/> Resident VI | <input type="checkbox"/> Clinical Research |