

RESIDENCY APPLICATION FORM (RCPSC)

To be completed by any candidate applying for one of the listed Postgraduate Medical Education (PGME) subspecialty residency programs, accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), in the Faculty of Medicine & Dentistry (FoMD) at the University of Alberta.

APPLICANT INFORMATION

Surname	First Name	Middle Name
Date of Birth (yyyy-mm-dd)	Gender	Email Address
Citizenship	Immigration Status:	Permanent Resident (of Canada) Canadian Citizen Work Permit

PROGRAM APPLICATION

Please indicate the program for which you are applying:

- Child and Adolescent Psychiatry
- Forensic Pathology
- Maternal-Fetal Medicine
- Nuclear Medicine (Accelerated)
- Pediatric Radiology

PREVIOUS EDUCATION: MEDICAL DEGREE/MEDICAL TRAINING

School Name	Location of School (Country)	Year of Graduation (yyyy)
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PREVIOUS EDUCATION: POSTGRADUATE MEDICAL EDUCATION

Previous Program	School Attended	Location of School (Country)
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Degree of Qualification	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)
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Previous Program	School Attended	Location of School (Country)
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**All personal information requested on this form is collected under the authority of the Universities Act and section 33(c) of the Freedom of Information and Protection of Privacy Act, and is used for the purposes of academic administration and human resource management. Questions concerning the collection, use or disposal of this information should be directed to: Postgraduate Medical Office, 780-492-9722.*

SPECIFICS OF TRAINING

Do you have a license to practice medicine elsewhere in Canada (not on educational registrar)? Yes No

If “Yes”, where?

REFEREES - THREE (3) REQUIRED

1 Name	Title / Position	Email Address
2 Name	Title / Position	Email Address
3 Name	Title / Position	Email Address

DOCUMENTS REQUIRED (attached to this application)

- Personal Letter of Interest (<200 words)
- Curriculum Vitae
- 3 Reference letters
- Copy of current CPSA licensure (if currently in practice in Alberta)
- Medical school transcript
- Undergraduate school transcript

For International Medical Graduates (IMGs) and CMGs from French-language MD Streams Only:

- Proof of English Language Proficiency (see [CPSA English Language Proficiency](#) requirements)

SUBMISSION INSTRUCTIONS

Please submit your application form and accompanying documents to the program directly, as listed below:

- Child and Adolescent Psychiatry: capadmin@ualberta.ca
- Forensic Pathology: katomlin@ualberta.ca
- Maternal-Fetal Medicine: obgynpme@ualberta.ca
- Nuclear Medicine (Accelerated): nucmed@ualberta.ca
- Pediatric Radiology: diagrad@ualberta.ca

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