



**APPLICATION FOR POSTGRADUATE MEDICAL TRAINING  
IN HEMATOLOGY**



**UNIVERSITY  
OF MANITOBA**

Application for Fellowship from July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

**PERSONAL INFORMATION**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Present Address: \_\_\_\_\_

Apt. No. Street

City Province Postal Code

Permanent Address: \_\_\_\_\_  
(if different)

Apt. No. Street

City Province Postal Code

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Daytime

Are you legally entitled to work in Canada?  Yes  No

Are you a Canadian citizen?  Yes  No

If not, what is your citizenship \_\_\_\_\_

Do you have Canadian permanent resident status?  Yes  No

**EDUCATION**

**PREMEDICAL EDUCATION:**

University \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Program \_\_\_\_\_

Degree Awarded \_\_\_\_\_

**MEDICAL EDUCATION:**

University \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Degree Awarded \_\_\_\_\_

*\* A transcript of your medical school record should be included with this application.*

**POSTGRADUATE TRAINING:**

INTERNSHIP				
Period Month and Year	Position	Program	University	Program Director
RESIDENCY / FELLOWSHIP				

**EXAMINATIONS PASSED:**

- Medical Council of Canada Evaluating Exam (MCCEE)
- MCCQE I (MCC Qualifying Exam, Part I)
- MCCQE II (MCC Qualifying Exam, Part II)
- United States Medical Licensing Exam (USMLE)
  - Part 1
  - Part 2
  - Part 3
- American Board of Internal Medicine (ABIM)
- Test of English as Foreign Language (TOEFL), if English is not your first language

*\* Proof of results of the above checked examination(s) must be included with this application.*

Do you have a license to practice Medicine in Manitoba?  Yes  No License # \_\_\_\_\_

Do you have a license to practice Medicine in any other province?  Yes  No License # \_\_\_\_\_  
Province \_\_\_\_\_

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  No *\* If yes, please attach a copy of the evaluation*

Have you ever withdrawn or been required to withdraw from any postgraduate medical training program?  Yes  No  
If yes, please explain \_\_\_\_\_

Have you ever been disciplined by a university or medical authority?  Yes  No  
If yes, please explain \_\_\_\_\_

Have you ever had your medical license suspended or revoked in any jurisdiction?  Yes  No  
If yes, please explain \_\_\_\_\_

## CURRICULUM VITAE

Please attach a copy of your CV. This should include the following information:

- ❖ Teaching and research positions you have held
- ❖ Publications, giving authors, titles, etc. A copy of these should be appended, if available.
- ❖ Certificates, awards, scholarships, memberships, etc., including the year in which these were obtained

## PERSONAL LETTER OF APPLICATION

Please include a personal letter of application which clearly indicates your reasons for applying, what you feel you can bring to the program, as well as your expectations.

## REFERENCES

List the names of three physicians with whom you have recently worked who can provide you a letter of reference. Please note, your current / most recent Program Director must be included. Letters of reference should be sent (under separate cover) to the Program Director at the address listed below.

Name	Title	Address	Phone Number	E-mail

PLEASE NOTE: Applicants who have had their training outside of Canada and the United States will only be considered if they have at least one letter of reference from a referee who has had training at the University of Manitoba or who is very well known to University of Manitoba faculty. The referee must have been in a working or training relationship with the trainee.

*I hereby grant my permission to contact, for further reference, previous program directors or any other person or institution cited in this application or appendices.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

**Dr. Donald S. Houston**  
Director, Hematology Subspecialty Training Program  
c/o Marie Field  
GF329, Health Sciences Centre  
820 Sherbrook Street  
Winnipeg, MB R3A 1R9  
CANADA