

Fellowship Application Form

All applications must be saved as a PDF ("File" -> "Save As" -> "PDF") and follow the format of "LastNameDateofBirth Application" (ex. "Smith19990101 Application").

Please fill in all fields where required.

Page 1 of 1

Last (Family) Name

REQUIRED

First (Given) Name

REQUIRED

Fellowship Start Date

REQUIRED

Date of Birth

REQUIRED

Citizenship

REQUIRED

Languages Spoken

Current Position

REQUIRED

FUNDING

Are you applying for a funded position or will you be arranging your own?

REQUIRED

Funded

Sponsored

Self-Funded

CONTACT INFORMATION

Street Address

REQUIRED

City

REQUIRED

Province/State

REQUIRED

Country

REQUIRED

Postal Code

Telephone (work)

Telephone (home)

Email Address

REQUIRED

PROGRAM CHOICES

Only apply to those programs (3 maximum) that you are seriously considering. After your interviews, you will be asked to rank your site preferences (where applicable).

1st Choice

REQUIRED

2nd Choice

3rd Choice

Additional Comments

CERTIFICATION (Licence, Specialty etc.)

AMERICAN BOARD OF RADIOLOGY (ABR) CERTIFICATION

ABR Status

Certified Eligible Not applicable

Certificate 1

REQUIRED

If you indicated "other"
please specify:

Certifying Body

REQUIRED

Date of Certification

REQUIRED

Certificate 2

If you indicated "other"
please specify:

Certifying Body

Date of Certification

TRAINING

RADIOLOGY TRAINING

Institution

City, Country

Start/End Date

MEDICAL SCHOOL

Institution

Program/Degree

City, Country

Date

REFERENCES

RADIOLOGY RESIDENCY PROGRAM DIRECTOR

Name

Institution

Address

City, Country

Telephone

Email

REFERENCE #2

Name

Title

Institution

Address

City, Country

Telephone

Email

REFERENCE #3

Name

Title

Institution

Address

City, Country

Telephone

Email

DOCUMENT ATTACHMENTS

Applicant's Letter

Curriculum Vitae

Degrees, Certificates and Licenses

DECLARATION

Must be completed by all applicants

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

REQUIRED

Yes No

Have you ever been convicted of any other offence (for which a pardon has not been granted) that may affect your eligibility for Ontario Educational registration (i.e., your eligibility for an Ontario educational licence)?

REQUIRED

Yes No

Are there charges pending for an alleged offence that may affect your eligibility for Ontario Educational registration?

REQUIRED

Yes No

Have you ever been subject to a disciplinary hearing of a medical licensing authority?

REQUIRED

Yes No

Have you ever been denied licensure by a medical licensing authority or had such licensure revoked or limited?

REQUIRED

 Yes No

Have you ever been disciplined, suspended, or dismissed from an undergraduate or postgraduate educational program?

REQUIRED

 Yes No

If you answered YES to any of the above, please provide details:

I hereby certify that the information provided on this form and attachments is true and complete. I understand I shall be disqualified if information is withheld or false and that any appointment already made or in progress will be cancelled and all credit revoked.

REQUIRED

Thank you for filling in this form.