Logo, company name

Description automatically generated

DIAGNOSTIC NEURORADIOLOGY FELLOWSHIP APPLICATION

**APPLICANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | Date of Birth: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email** |  |

|  |  |
| --- | --- |
| Desired Date of Fellowship |  |

(*please indicate year)*

**Citizenship.**

|  |  |  |
| --- | --- | --- |
| Canadian YES | NO |  |

If the answer is “NO” please indicate Country of Citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Canadian resident please indicate your current Legal status in Canada

Permanent resident

Refugee

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical School**  **University:** |  | Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  |  | Degree: |  |

**Residency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |
| --- | --- |
| **Other Degrees (Master, PhD):** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Degree: |  |

## **REFERENCES**

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Institution |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| City | Province/State |  |  |
| Post Code | Country |  |  |
| Email |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Institution |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| City | Province/State |  |  |
| Post Code | Country |  |  |
| Email |  |  |  |
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| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Institution |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| City | Province/State |  |  |
| Post Code | Country |  |  |
| Email |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CHECK LIST OF REQUIRED DOCUMENTS**

Letter of intent from the candidate;

3 Letters of References from previous or current supervisor/mentor/professor who worked closely with candidate;

Updated CV;

Copy of medical degree (with English translation);

Applicant’s mailing address;

Proof of English proficiency;

Copy of specialist Certification (SC) or MCCEE part I if trainee does not have SC;

Proof of Completion of radiology residency;

Payment of Enrollment fees depending on funding source (5000$ upon selection completed and offer of fellowship received, the balance at the beginning of the fellowship);

Proof of salary/grant received or to be received from country/university of origin;

Ontario Training license (CPSO);

Proof of Malpractice Insurance.