

8. Are you now, or have you been, enrolled in a postgraduate medical education training or assessment program in Canada? Yes No Institution _____

9. Are you a certified specialist? Yes No Specialty _____
Subspecialty _____
Country of certification _____

10. Do you hold an educational or independent practice license to practice medicine? Yes No

If yes, what type? Independent Practice Postgraduate Medical Education

Licensed in:

Province/State _____ Country _____ Date of Issue _____ Certificate Number _____

All postgraduate trainees (except Research Fellows) must register with the College of Physicians and Surgeons of Ontario (CPSO). Applicants who do not have a CPSO licence must apply directly to the College: telephone 416.927.2617 ext 221, toll free 1.800.268.7096 ext 617 or ext 603, website www.cpso.on.ca.

11. Which of the following tests and/or examinations have you passed?

- Medical Council of Canada Evaluating Exam
- Medical Council of Canada Qualifying Exam(s)
- USMLE
- TOEFL
- TSE
- TOEFL iBT

International medical graduates (IMGs) **applying for residency training (PGY)** must provide proof of success on the MCCEE.

Where language of instruction and patient care was in a language other than English or French, applicants must provide score results for TOEFL and TSE, or TOEFL iBT, that meet or exceed Departmental requirements.

12. **REFEREES:** A minimum of 3 letters of reference are required. Letters should be mailed directly by the referees as follows:

- a) **Applicants to residency training (PGYs)** – referees mail letters directly to the Program Director of the residency training program to which you are applying.
- b) **Applicants to Clinical or Research Fellowships** - mail to the supervising physician or Director of Fellowship Programs of the Division to which you are applying.

Please list the name and title of three individuals you have asked to be your referees:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Applicant _____ Date _____