Certificate Request Form

INSTRUCTIONS

If you have completed, or are nearing completion of, your Fellowship training in the Department of Medicine, University of Toronto, you can request a Certificate by completing this form and returning it to the Department central office by mail, or fax, or email. Your Certificate will be mailed to the address you provide below after your supervisor has completed all in-training evaluation reports and the final report confirms that you have met the requirements of the Fellowship and should receive a certificate. Evaluation reports are generally available to supervisors on the POWER system approximately 1 week prior to the end date of your Fellowship. Please ensure that the forwarding address you provide below is valid for a period of time after your training ends to allow evaluation reports to be completed and Certificates to be issued.

MAIL to:
Certificate Request
Department of Medicine, Faculty of Medicine
University of Toronto
3-805, R. Fraser Elliott Building
190 Elizabeth Street
Toronto, ON Canada M5G 2C4

FAX to:
416.978.7230

EMAIL to:
postgraduate.medicine@utoronto.ca

Please print

Family Name _____ Given Name(s) _____

Email Address _____

Forwarding address (The forwarding address should be valid from 3 to 6 months after your training

Number Street _____ Suite/Unit # _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Certificate Details

Specific focus of Fellowship training at the University of Toronto

Signature _____ Date _____

IMPORTANT: ***Certificates will not be released until all in-training evaluation reports are completed and made available to the Department of Medicine central office. It is advisable to follow up with your supervisor to ensure reports have been completed.***