

FAMILY MEDICINE ENHANCED SKILLS CATEGORY 2 RESIDENCY APPLICATION FORM

APPLICANT INFORMATION

Surname	First Name
Middle Name	Date of Birth (yyyy-mm-dd)
Gender	Email

PROGRAM INFORMATION

Please indicate the program for which you are applying:

☐ FM ES Obstetrics (3-4 month program)

☐ FM ES Addiction Medicine (4 month program)

Please indicate your requested training period:

Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)
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PREVIOUS EDUCATION: MEDICAL DEGREE

School Name	
Location of School	Year of Graduation (yyyy)

PREVIOUS EDUCATION: POSTGRADUATE MEDICAL EDUCATION

School Name	
Location of School	Year of Graduation
Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)
Degree of Qualification Received	

SPECIFICS OF TRAINING

Do you have a license to practice medicine elsewhere in Canada (not on educational registrar)?

☐ Yes

☐ No

REFEREES

**please note that individual programs may require the referees to email reference letters to them directly.*

1 | Name

Title/Position

Email Address

2 | Name

Title/Position

Email Address

3 | Name

Title/Position

Email Address

DOCUMENTS REQUIRED (attached to this application)

**please note that individual programs may request additional documentation not listed below.*

- ☐ Personal Letter of Interest
- ☐ Curriculum Vitae
- ☐ Copy of current CPSA licensure (if currently in practice in Alberta)
- ☐ Proof of CFPC Exam Completion

For International Medical Graduates (IMGs) and CMGs from French-language MD Streams Only (not required if FM residency was completed in English):

- ☐ Proof of English Language Proficiency (see [CPSA English Language Proficiency](#) requirements)

APPLICATION INSTRUCTIONS

Please visit [UAlberta's Application for Enhanced Skills Training Positions website](#) for further instructions.

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