

APPLICATION

I hereby apply for appointment in the:

- Six Months
 One Year

Diploma program in **Care of the Elderly** in the Department of Family Medicine under the Enhanced Skills Training Program, University of Alberta.

Requested Training Period: From: _____ To: _____

Name: _____ Birthdate: _____
(Surname) (Given Name) (dd/mm/yy)

Sex: _____ Citizenship/Immigration Status: _____

Telephone: _____ Pager: _____ Mobile: _____

Email: _____ Fax: _____

Address: _____
(Suite / Street Number, Street)

(City, Province) (Postal Code)

Please return this form to:

Dr. Lesley Charles
CoE-PD
University of Alberta
Glenrose Rehabilitation Hospital
10230 - 111 Avenue, Room1252
Edmonton, Alberta T5G 0B7
Phone: (780) 735-8882
FAX: (780) 735-8846
E-mail: lcharles@ualberta.ca

Date: _____

Applicant Signature: _____

FOR NEW APPLICANTS ONLY

1. **Education and Experience:**

a. M.D. Obtained: _____ Where: _____ Year: _____
b. Postgraduate training: _____

(Attach separate sheet if necessary)

c. Present position: _____

d. Exams passed *(attach results)*

- L.M.C.C. Part I: Pass Pending Part II: Pass Pending
- CCFP: (Mandatory Pass) Pass Pending Date: _____
- Other: _____

e. Eligible for Alberta Licensure? yes as of _____ no

2. Do you have any special medical needs that may affect your training? yes no
(specify, if applicable: _____)

3. **References:**

List the names and address of three physicians with whom you have recently worked. Have your referees send (under separate cover) reference letters to the Program Director.

a. _____

b. _____

c. _____

4. Official records of your undergraduate and postgraduate transcripts or evaluation.

5. **Curriculum Vitae:** Please provide a copy of your recent CV along with the complete application.

6. **Statement of Research Interest:**

7. **Statement of Goals:**

Please attach extra sheet if more space is required.