

Postgraduate Medical Education | Faculty of Medicine & Dentistry

RE-ENTRY APPLICATION FORM

APPLICANT INFORMATION

Surname	First Name	Middle Name	
Date of Birth (yyyy-mm-dd)	Gender	Email Address	
PREVIOUS EDUCATION: MEDICAL DEGREE			
School Name	Location of School	Year of Graduation	
PREVIOUS EDUCATION: POSTGRADUATE MEDICAL EDUCATION			
School Name	Location of School	Year of Graduation (уууу)	
Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Degree of Qualification Received	
School Name	Location of School	Year of Graduation (yyyy)	
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
Have you spent five or more years in unsupervised medical practice in Canada?	Yes	No

If no, please provide comments:

PROGRAM OF APPLICATION

Name of Program

*Please note that you may apply to a maximum of two programs, and this application form must be filled out for each application.

DOCUMENTS REQUIRED (attached to this application)

- Personal Letter of Interest
- Curriculum Vitae
- ☐ Three (3) Letters of Reference
- Copy of current CPSA licensure (if currently in practice in Alberta)

*All personal information requested on this form is collected under the authority of the Universities Act and section 33(c) of the Freedom of Information and Protection of Privacy Act, and is used for the purposes of academic administration and human resource management. Questions concerning the collection, use or disposal of this information should be directed to: Postgraduate Medical Office, 780-492-9722.