

Program			
<input type="checkbox"/> Academic Fellowship (AF)	<input type="checkbox"/> Interprofessional Applied Practical Teaching and Learning in the Health Professions (INTAPT)		
<input type="checkbox"/> Medical Education Fellowship (MEF)	*Single Course #1 (please specify):		
<input type="checkbox"/> Clinical Teacher Certificate (CTC)	*Single Course #2 (please specify):		
<input type="checkbox"/> Clinical Research Certificate (CRC)	*No more than two single courses can be completed		
Start Date			
Year:	Session:	<input type="checkbox"/> Winter (January – CRC and Single Courses only) <input type="checkbox"/> Summer (May)	
	<input type="checkbox"/> Fall (September)		
Personal Details			
Title:	Given Name:	Family Name:	
Date of Birth:			Gender:
Day:	Month:	Year:	
Licensed Profession including specialization if applicable (e.g., Family Doctor, Oncologist, Nurse, Midwife, etc.):			
Mailing Address:			Suite/Apt.:
City:	Province/State:	Postal Code:	Country:
Home Phone:	Mobile Phone:	Office Phone:	
Email:			
Permanent Address (if different than above):			Suite/Apt.:
City:	Province/State:	Postal Code:	Country:
Determination of Fees Status and Eligibility			
Country of Citizenship or Permanent Residence:			
Are you licensed to practice in your profession in your country of primary residence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
• <b>You must be able to answer yes to this question to be eligible</b> for any DFCM CE program.			
Do you have or do you expect to obtain faculty status within your institution? (I.e. a formal position educating trainees)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
• <b>You must be able to answer yes to this question to be eligible</b> for the Fellowship, Certificate and INTAPT Programs			
Are you a senior trainee in your profession?	Please specify (postgraduate Resident, Nurse Master's student, etc):		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Information			
Are you a University of Toronto Faculty Member?	If yes, which is your Department of primary appointment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you associated with a University of Toronto Affiliated Hospital? Which?			

## Concurrent Clinical Training Program

Are you applying for or will you be completing a clinical training program while registered in this program?

Yes  No

Title of Training Program:

Name of Clinical Program Director:

Start Date:

End Date:

Location of Training Program:

• **Please provide a letter from your Clinical Director** confirming that you have protected time to undertake this program.

## English Language Proficiency (Required for Fellowship programs)

Is English your first language

Yes  No

If English is not your first language, please indicate which proficiency test you are providing as part of this application:

IELTS  TOEFL  COPE  MELAB  Test results to follow

• **Attach a copy** of your test results. Please note that if your scores are less than the required levels you will be asked to retake the test as a condition of any Fellowship offer you receive.

## Declaration

I agree that all statements I make in this application and all information in any material that will be filed in support here of are true, correct and complete and all material information will be disclosed. I understand that if the Department finds to the contrary, my admission to or registration in the Department may be cancelled.

Signature:

Date:

Name in Print:

## How did you hear about our programs?

Online

Employer

Hospital Professional Development Representative

Advertisement

Colleague/Friend

Other, Please Specify:

**Please ensure your application is complete – see checklists on following page**

## Academic Fellowship • Medical Education Fellowship

- Application Form
- Curriculum Vitae
- Letter of Intent  
*Brief statement outlining your personal learning objectives to be pursued during the program and how you hope to apply new insights gained in your future practice*
- Three** Letters of Reference  
*One letter must be from a recent Program Director  
More weight will be given to letters written within the last 12 months*
- English Language Proficiency Test Results *(if English is not your first language)*
- Letter from your academic institution (Dean or Chair) confirming that you have or will receive Faculty Status, or that you are a recognized teacher in their program
- Letter confirming release time for Program attendance and study *(if you are a current Trainee)*

## Clinical Teacher Certificate • Clinical Research Certificate

- Application Form
- Curriculum Vitae
- Letter of Intent  
*Brief statement outlining your personal learning objectives to be pursued during the program and how you hope to apply new insights gained in your future practice*
- One Letter of Reference from your current Chief or supervisor  
*More weight will be given to letters written within the last 12 months*
- Letter confirming release time for Program attendance and study *(if you are a current Trainee)*

## Interprofessional Applied Practical Teaching and Learning in the Health Professions (INTAPT) • Single Course

- Application Form
- Curriculum Vitae
- Letter of Intent  
*Brief statement outlining your personal learning objectives to be pursued during the course and how you hope to apply new insights gained in your future practice*

Please submit your application by email to: [familymed.grad@utoronto.ca](mailto:familymed.grad@utoronto.ca)

Thank you for your interest in our programs