Academic Fellowship and Graduate Studies

Family & Community Medicine
UNIVERSITY OF TORONTO

Enhanced Skills Continuing Education Application and Tuition Waiver Form

Program

☐ Clinical Teacher Certificate (CTC)

☐ Clinical Research Certificate (CRC)

Year:	Session: ☐ Fall (September) ☐ Winter (January)

Personal Details

Title:	Given Name:	Family Name:

Date of Birth: Day: Month: Year:	Preferred Pronoun: ☐ He ☐ She ☐ They

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:

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:

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Residency Awards:

Have you received any awards during your family medicine or enhanced skills training?:

☐ Yes ☐ No

If Yes, please list the Award(s) Name and Year(s) of Receipt:

_____

_____

_____

Program Director Confirmation

As Program Director, I confirm that the applicant will have protected academic time to complete three courses (approximately one-half day per week) as well as an 160hr practicum during their PGY-3 year.

Signature:	Date:
Name in Print:	

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:	

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

To access this application form online, please visit:

http://dfcm.utoronto.ca/ce-apply and select the Application Form for UofT DFCM PGY3 Enhanced Skills Applicants under the 'Apply' section

Deadline for Application Submission: JULY 20, 2020

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Enhanced Skills Continuing Education
Application Checklist

Clinical Teacher Certificate • Clinical Research Certificate

- ☐ Application Form
- ☐ Curriculum Vitae
- ☐ Letter of Intent
  Please provide a 1-2 page letter of intent outlining your educational goals, practicum plans and reasons why this program will enhance your leadership skills and career goals.

Please submit your application by email to: familymed.grad@utoronto.ca

Thank you for your interest in our programs