

Enhanced Skills Continuing Education Application and Tuition Waiver Form

Program			
<input type="checkbox"/> Clinical Teacher Certificate (CTC)			
<input type="checkbox"/> Clinical Research Certificate (CRC)			
Year:			
Session:		<input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January)	
Personal Details			
Title:	Given Name:	Family Name:	
Date of Birth:			Preferred Pronoun:
Day:	Month:	Year:	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Training Program:		Name of Clinical Program Director:	
Start Date:	End Date:	Location of Training Program:	

Enhanced Skills Continuing Education Application and Tuition Waiver Form

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 18, 2022



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