Family & Community Medicine
UNIVERSITY OF TORONTO

**Academic Fellowship and Graduate Studies**

# Enhanced Skills Continuing Education Application and Tuition Waiver Form

## Program

☐ Clinical Teacher Certificate (CTC)

☐ Clinical Research Certificate (CRC)

☐ Certificate in Academic Family Medicine (CAFM)

| Year: | Session:<br>☐ Fall (September) ☐ Winter (January) |
|---|---|

## Personal Details

| Title: | Given Name: | Family Name: |
|---|---|---|

| Date of Birth:<br>Day: Month: Year: | Preferred Pronoun:<br>☐ 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 24th, 2026**

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# Enhanced Skills Continuing Education
# Application Checklist

**Clinical Teacher Certificate • Clinical Research Certificate • Certificate in Academic Family Medicine**

- ☐ 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