



**DFCM Enhanced Skills Program**  
**APPLICATION FORM**

**Program Name:** \_\_\_\_\_

**NAME:**

\_\_\_\_\_  
Surname First

**ADDRESS:**

\_\_\_\_\_  
Street Apt#

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Telephone Pager Email Address

1) Are you currently a PGY2 enrolled in a Canadian residency program?  Yes  No

If yes, please indicate program and location: \_\_\_\_\_

If no, please specify \_\_\_\_\_

2) For re-entry\* applicants, have you been in clinical practice in Canada for a minimum of 12 consecutive months and anticipating re-entry funding?  Yes  No

3) Do you currently hold an educational license in the province of Ontario?  Yes  No

4) If not licensed in Ontario, are you eligible to be appointed as a post-graduate trainee to the educational register in Ontario?  Yes  No

5) Are you legally entitled to work in Canada? (i.e. Canadian citizen, landed immigrant, or holder of a valid employment visa)  Yes  No

6) Please outline all degrees that you hold:

**DEGREE**

**UNIVERSITY**

**DATES ATTENDED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Please list all post-graduate and hospital appointments that you have held:

**DATES**

**NATURE OF APPOINTMENT**

**HOSPITAL/UNIVERSITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7) Three letters of recommendation (including one from your FM Residency Program Director or Site Director) should be sent directly to the PGY3 Residency Program office at [dfcm.enhancedskillscat2@utoronto.ca](mailto:dfcm.enhancedskillscat2@utoronto.ca). Please list names and emails of referees:

i) \_\_\_\_\_  
 \_\_\_\_\_

ii) \_\_\_\_\_  
 \_\_\_\_\_

iii) \_\_\_\_\_  
 \_\_\_\_\_

8) Please attach the following:

- a) A personal statement (letter of intent) of your reasons for selecting this program
- b) A copy of your current curriculum vitae
- c) A copy of your Medical Degree

9) Have you ever been the subject of any type of investigation, inquiry or proceeding by a medical licensing authority relating to your professional conduct, competence, capacity or any other aspect of your medical practice?  Yes  No

- a) Have you ever had a medical license revoked, suspended, restricted, limited, or subjected to any other adverse action?  Yes  No
- b) Has there ever been any civil proceeding, legal action, insurance or other claim that was in any way related to your practice of medicine or your professional activities?  Yes  No

**Applicant's Signature**

**Date**

\*Re-entry Program: The Ministry of Health and Long-Term Care (MOHLTC) offers funding each year for physicians currently practicing in Canada to re-enter postgraduate medical training. For more information, including eligibility, please visit: <https://www.health.gov.on.ca/en/pro/programs/hhrsd/physicians/reentry.aspx>

Please send applications to:  
 Enhanced Skills Program c/  
 o Thanu Sabesan  
**E-mail: [dfcm.enhancedskillscat2@utoronto.ca](mailto:dfcm.enhancedskillscat2@utoronto.ca)**  
 Website: <https://dfcm.utoronto.ca/enhanced-skills-program>