



FORENSIC PATHOLOGY RESIDENCY TRAINING PROGRAM
Department of Laboratory Medicine and Pathobiology
Faculty of Medicine, University of Toronto
APPLICATION FORM

I. PERSONAL DATA

Name: _____

Current Address: _____

Permanent Address: _____

Telephone Number(s): _____

E-mail: _____

II. COMMENCEMENT DATE

Year and date in which you wish to commence training:

III. BACKGROUND

A. Education (please include undergraduate, graduate and postgraduate education; institutions; degrees obtained and dates)

<u>Degree Obtained</u>	<u>Institution</u>	<u>Date</u>

B. Honours and Awards



C. Postgraduate Training and Hospital Appointments (include internship, residency and research appointments; give dates and places)		
<u>Specialty</u>	<u>Institution</u>	<u>Date</u>

D. Specialty Certification

E. Are you licensed to practise medicine in the Province of Ontario?

Yes I currently hold:
 General License Number: _____
 Educational License Number: _____

No If your application is successful, you will be required to apply for a Postgraduate Education Certificate with the College of Physicians & Surgeons of Ontario please visit www.cpso.on.ca for information on eligibility.

IV. REFERENCES

Please provide the Names and Addresses of three Referees (whom you have asked to send sealed letters of reference directly to this office)

1. _____

2. _____

3. _____

AGREEMENT: If accepted for a clinical fellowship, I agree to register with the Office of Postgraduate Medical Education of the University of Toronto each year during the training period.

Date _____ Signature _____

Return completed application to:
 Department of Laboratory Medicine & Pathobiology
 Forensic Pathology Residency Training Program Application Form



Forensic Pathology Residency Training Program in Laboratory Medicine
Department of Laboratory Medicine and Pathobiology
Faculty of Medicine, University of Toronto
Medical Sciences Building, Room 6231
1 King's College Circle
Toronto, ON M5S 1A8

ENCLOSE:

1. An up-to-date curriculum vitae, to include contact information, date of birth, country of birth, citizenship, education and medical training, employment history, publications.
2. Personal statement indicating interest in the program.
3. Copy of Medical Degree (& translation if not in English or French)
4. Copy of specialty certification (& translation if not in English or French)
 - a. If you expect to complete your specialty certification after the application deadline, but before the start of the fellowship, please include a letter from your Program Director or Department/Divisional Head indicating your expected completion date.
5. TOEFL and TSE, or TOEFL iBT score results from applicants whose first language and/or language of medical school and specialty training was neither English nor French. (Minimum acceptable scores are TOEFL 237, TSE 50, or TOEFL iBT 93 with a minimum score of 24 on the Speaking section.)
6. Medical Council of Canada Evaluating Examination results (optional)
7. Medical school transcripts and/or internship year certificate (optional)