



**FELLOWSHIP TRAINING PROGRAM IN LABORATORY MEDICINE**  
**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: \_\_\_\_\_

**Are you legally entitled to work in Canada?**

Yes Those legally entitled to work in Canada are Canadian Citizens, Permanent Residents or those who have obtained temporary authorization to work in Canada on an employment VISA/work permit

No If your application is successful, you will be required to apply for temporary authorization to work in Canada on an employment VISA/work permit

**II. OBJECTIVES**

Fellowship sought (please specify Specialty, Hospital, Supervisor and/or program):

\_\_\_\_\_  
Year and date in which you wish to commence training:

\_\_\_\_\_



**III. FUNDING**

Please indicate if you are seeking a hospital funded position or if the fellowship will be sponsored by an external agency such as the applicant's home university, hospital or government, a pharmaceutical company, or a grant secured by the applicant.

Hospital/Departmental funded position

Self-Funded\*

Externally Funded

\*Self-Funded fellows are supported through their personal funds.

**IV. 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

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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

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E. Language of Instruction (Medical School)

English      French      Other: \_\_\_\_\_ (must provide TOEFL)



F. 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.cpsso.on.ca](http://www.cpsso.on.ca) for information on eligibility.

V. 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 \_\_\_\_\_

Email completed application to:

**pathology.residency@utoronto.ca**  
**Fellowship 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)