

## **NOSM University & Thunder Bay Regional Health Sciences Centre**

### **Candidate Application for a NOSM University Clinical Fellowship**

<b>Fellowship Program applying for:</b>
<b>Fellowship Program Director of above program:</b>
<b>Proposed start date:</b>

#### **Note to Applicant:**

1. Internationally trained applicants must complete the 4-12 week Pre-Entry Assessment Program (PEAP). Only successful applicants will be permitted to proceed with fellowship training.
2. The timeline for processing applications is as follows: 1-3 months for Canadian applicants; 4-6 months for foreign national applicants.
3. Application to this clinical fellowship must be submitted directly through NOSM University.
4. Applications must be submitted as one combined PDF file, complete with all required documents (with the exception of letters of reference), in order to be considered.
5. Applicants are to complete and include the Clinical Fellowship Application *Documents Index Form* (Appendix 1) at the beginning of their PDF application package.
6. Forward completed PDF application package to [fellowships@nosm.ca](mailto:fellowships@nosm.ca).

## Section A. Applicant Information

### ☐ 1. Personal Details

Name				
	Last Name	First Name		Middle Name
Home Address				Apt. #
	City/Town	Province/State	Postal/Zip Code	Country
Mailing Address				Apt. #
	City/Town	Province/State	Postal/Zip Code	Country
Contact				
	Mobile	Home Phone		Fax
	E-Mail:			
Citizenship	Canadian Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Permanent Resident of Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Other Country Citizen	Specify:		
Current Professional Status	Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Fellow <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Practicing Specialist <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently have a license to practice medicine in the Province of Ontario <input type="checkbox"/> Yes <input type="checkbox"/> No				

### ☐ 2. Education

	Name of University, City, and Country	Years of Attendance From To
Undergraduate Degree		
Medical Degree		
Residency		
Other		

## Section B. Documents Required From ALL FELLOWSHIP APPLICANTS

### ☐ 3. Curriculum Vitae (CV) must include at the beginning:

- ☐ Applicant's country of birth and citizenship
- ☐ Date of birth
- ☐ Current employment status
- ☐ E-mail and residential addresses

*Time gaps of training and/or professional appointments must be clarified under separate cover.*

### ☐ 4. Medical Degree (copy) from University of graduation (with English translation if NOT in English).

- ☐ **5. Specialist Certificate** (copy) from accepted certification board or equivalent, stating the applicant is a certified specialist (with English translation if NOT in English).

For applicants who are in their final year of training:

- ☐ Out of Canada: provide an official letter/certificate from the Certification Board that
- 1) confirms the applicant is enrolled in a training program for specialist certification, and
  - 2) states the expected date of certification.
- ☐ In Canada: provide a letter from the Program Director that
- 1) confirms the applicant is enrolled in a training program for specialist certification, and
  - 2) states the expected date of certification.

- ☐ **6. Personal letter** stating applicant's goals and objectives.

- ☐ **7. Two/three Letters of Reference** All LORs MUST be submitted directly by referees to [fellowships@nosm.ca](mailto:fellowships@nosm.ca). Please ensure that your referees include "Fellowship LOR: Applicant's First & Last Name" at the beginning of their email subject line.

- ☐ **8. Evidence of funding support** Applicants with an educational license only (no general license) and salary support from a third party must document evidence of funding support and agreements will be negotiated in follow up.

### Section C. Additional Documentation Required From FOREIGN NATIONALS

- ☐ **9. Language Proficiency** Proof of English or French language proficiency MUST be provided by International Medical Graduates through ONE of the following accepted forms of documentation:
- a) International English Language Testing System (IELTS) with a minimum score of 7 in each component,
  - b) Copy of TOEFL IBT with results that demonstrate TOEFL IBT **Passing score: 93**, including a **minimum of 24** on the speaking section. (TOEFL Services: P.O. Box 6151, Princeton, NJ 08541, USA, Tel: 609-771-7100, Fax: 609-771-7500, Email: [toefl@ets.org](mailto:toefl@ets.org), website: [www.toefl.org](http://www.toefl.org))
  - c) International Medical Education Directory (IMED) Language Option – If the instruction and the language of patient care at the undergraduate medical school was conducted completely in English or French, then a candidate can submit to the Program a copy or printout of the IMED – [FAIMER World Directory of Medical Schools](#) website listing the medical school which clearly states that the language of instruction is English or French.
- ☐ **10. Work Permit processing fee** Not applicable at this time, will be requested upon approval.

<b>DOCUMENTS INDEX FORM</b>			
<b>Applicant's Name:</b>			
<b>Document Number</b>	<b>General Description of Document (i.e. CV, Medical School Transcript, Personal Letter, etc.)</b>	<b>Page No.</b>	<b>Comments (if applicable)</b>
<b>Letters of Reference (LOR) 2-3 requested:</b> <ul style="list-style-type: none"> <li>LORs must be submitted directly by your referees to fellowships@nosm.ca</li> <li>Please list the names of your referees who will be submitting LORs in support of your application to this program.</li> </ul>		<b>Referees:</b> <ol style="list-style-type: none"> <li></li> <li></li> <li></li> </ol>	