



U of T Geriatrics Fellowship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Postal Code

Phone: _____ Email _____

Type of fellowship: Sinai/UHN Geriatric Medicine Fellowship

University of Toronto Geriatric Medicine Subspecialist Exam Affiliate Program (SEAP) Fellowship

Sinai/UHN Geriatric Rehabilitation Fellowship

Are you a Canadian citizen? YES NO

Education and Work Experience

Pre-Med University (if applicable):

University Name: _____ Province/Country: _____

From: _____ To: _____ Degree Attained: _____

Awards received: _____

Medical School:

Name: _____ Province/Country: _____

From: _____ To: _____ Degree Attained: _____

Awards received: _____

Post-graduate Medical (Residency) Training

Hospital/Medical School Name: _____ Province/Country: _____

Position: _____ From: _____ To: _____

Hospital/Medical School Name: _____ Province/Country: _____

Position: _____ From: _____ To: _____

Hospital/Medical School Name: _____ Province/Country: _____
Position: _____ From: _____ To: _____

Awards received: _____

Work Experience:

Hospital/Medical School Name: _____ Province/Country:: _____

Position: _____ From: _____ To: _____

Hospital/Medical School Name: _____ Province/Country:: _____

Position: _____ From: _____ To: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Hospital/Medical School: _____ Phone: _____
Email Address: _____

Full Name: _____ Relationship: _____
Hospital/Medical School: _____ Phone: _____
Email Address: _____

Full Name: _____ Relationship: _____
Hospital/Medical School: _____ Phone: _____
Email Address: _____

Medical and License Examinations

Please include all American and Canadian Exams:

Exam Name: _____ Exam date: _____ Score: _____

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Exam Name: _____ Exam date: _____ Score: _____

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English Proficiency Exam (if taken)

Exam Name: _____ Exam date: _____ Score: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date: _____