I, __________________________ hereby make application for Fellowship in the Department of Pediatric Anesthesia at BC Children’s Hospital

Beginning ______________________ 201___ terminating ______________________ 201___

If appointed, I hereby agree and pledge myself to comply faithfully with the By-laws, Rules and Regulations of the Hospital now in effect and those which may be adopted during my term of office.

Date: __________________________ Signature of Applicant: __________________________
**APPLICATION FOR FELLOWSHIP APPOINTMENT IN PEDIATRIC ANESTHESIA**  
*THE UNIVERSITY OF BRITISH COLUMBIA FACULTY OF MEDICINE, BC CHILDREN’S HOSPITAL*

1. **Name:** ____________________________________________

   and ____________________________________________

   *(as it appears on medical degree if different)*

2. **Address:** ____________________________________________

   Postal Code: ______________________   Phone: ______________________

   Fax: ______________________   e-mail: ______________________

3. **Date of Birth:** (dd/mm/yyyy)___________

4. **Place of Birth:** ______________________

5. **Gender:**    Male □    Female □

6. **Citizenship:** ______________________

   If not a Canadian citizen, indicate status while in Canada:

   Permanent Resident (Landed): Yes: □     or     Work Permit: Yes: □

7. **Social Insurance Number (if applicable) ______________________

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**MEDICAL DEGREE:**   **UNIVERSITY / COLLEGE**   **DATE**   **COUNTRY**

_________________   ___________________   ______   __________

**MEDICAL COUNCIL OF CANADA:**

MCCEE: □ date: ______ MCCQE part 1: □ date: ______ LMCC#: ______ date: ______

**SPECIALTY CERTIFICATION**

RCPSC Certification: ___________________________________________ date: ______

If from UK:

CCST (Certification of Specialist Training): __________________________ date: ______

American Board Certification: __________________________ date: ______

Other: __________________________________________ date: ______

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List Three (3) references – all of whom know your work well. Please arrange to have your referees write directly to the address listed on page 1 of this application.

**NAME**   **POSITION**

1. __________________________________________

2. __________________________________________

3. __________________________________________

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BCCH FELLOWSHIP APPLICATION
Please complete this form and attach to the TOP of your application.

Applicant name: ____________________________________________________________

I am submitting:

- Letter of Intent, explicitly stating career objectives
- Copy of completed application form
- Copy of curriculum vitae
- Copy of training certificates (do not send originals)
- Copy of Medical school diploma
- Copy of Residency Certificate

I have arranged for three (3) referees to write directly to the Fellowship Director, Dr. K Bailey (kbailey@cw.bc.ca).

*Applications will not be considered complete until 3 letters have been received.*

Signature _____________________________  Date: ____________________