

**APPLICATION FOR FELLOWSHIP APPOINTMENT
IN PEDIATRIC ANESTHESIA**



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

A recent photograph
(passport style)
MAY be inserted in this
space

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

Beginning _____ 202__ terminating _____ 202__

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: _____

Return application to:
Katherine M. Bailey MD FRCPC
Fellowship Program Director
pedsanesfellowship@cw.bc.ca

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)* _____

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: _____

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. _____	_____

**APPLICATION FOR FELLOWSHIP APPOINTMENT
CHECK LIST**



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THE UNIVERSITY OF BRITISH COLUMBIA

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. Katherine Bailey (pedsanesfellowship@cw.bc.ca).
- * Applications will not be considered complete until 3 letters have been received.**

Signature _____ Date: _____

OFFICE USE ONLY:
*Letter of Intent, Application
& CV:*
Date Received: _____

Letters of reference: 1 2 3
Application Complete: Yes
No
Completion Date: