

Telephone Numbers

Primary

Secondary

Email Addresses

Primary

Alternate

Social Insurance Number (If Canadian) _____

Country of Birth _____

CITIZENSHIP STATUS: (please check one)

- Canadian Citizen
- Landed Immigrant (Please enclose a copy, front and back, of your Permanent Resident Card)
- Work Permit Visa Required

LICENSING:

Are you currently licensed to practice medicine in the Province of Ontario? Yes No

If yes: Independent practice license number _____ Expiry date _____

OR

Ontario postgraduate certificate of registration number _____ Expiry Date _____

Have you ever been subject to any disciplinary action or license suspension by any licensing authority? If so, please provide details in an accompanying letter. _____

EDUCATION AND TRAINING:

A) Medical School:

Institution and Location	Year of Graduation	Degree earned
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B) Internship:

Institution and Location	Type of Internship	Start & End Dates
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C) Postgraduate Residency and Fellowship Training:

Position	Institution and Location	Start & End Dates
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Position	Institution and Location	Start & End Dates
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Position	Institution and Location	Start & End Dates
Position	Institution and Location	Start & End Dates
Position	Institution and Location	Start & End Dates

D) Specialty Certification:

Type	Date Received
Type	Date Received
Type	Date Received

FUNDING: (Please check one of the following)

- No Funding
- Funding Available, please specify: _____
- Other, please specify: _____

REFERENCES:

Please provide three (3) references along with their titles and emails. One must be from your current Program Director or current Supervisor. Please notify your references they will be sent a reference form via email to be completed before the deadline of December 31st, 2025.

1. _____
2. _____
3. _____

Please give name, address, telephone number and relationship of an individual to be contacted in case of emergency:

I certify that the information provided in this application is correct and complete, to the best of my knowledge.

Signature of Applicant

Date

Please include the following documents with the completed application form:

- 1) **Current curriculum vitae**
- 2) **Cover letter** (outlining goals/objectives for fellowship)
- 3) **Scanned copy of medical degree** (include translation if applicable)
- 4) **Scanned copy of your Paediatric and/or Dermatology Specialty Certificate** (include translation if applicable) OR **Letter of good standing from your current Program Director, indicating expected date of residency completion**
- 5) **Proof of landed immigrant status** (if applicable)

PLEASE ENSURE ALL DOCUMENTS ARE CLEAR AND IN PDF FORMAT.

Submit completed application package to:

Dermatology Education Coordinator

Email: paedsdermatology.fellowship@sickkids.ca