



Faculty of Medicine

**DISCIPLINE OF FAMILY MEDICINE
ENHANCED SKILLS IN CARE OF UNDERSERVED POPULATIONS**

Full Name (*last name, first name*) _____

Preferred First Name _____ Previous Surname (*if applicable*) _____

Street Address _____ City _____

Province _____ Postal Code _____ Email _____

Home Phone _____ Work Phone _____ Fax _____

Have you previously attended Memorial? _____ If yes, when? _____

MUN student number (*if known*) _____

Country of Birth _____

Canadian Immigration Status - **Provide verification:** Citizen Permanent Resident Student Visa (Current Cdn MDs only)

Date of Entry to Canada (*DD/MM/YYYY*) _____

Date of Birth (*DD/MM/YYYY*) _____ Gender _____

NEXT OF KIN INFORMATION

Relationship to Applicant _____

Full Name (*last name, first name*) _____

Address: **SAME AS ABOVE** or:

Street _____ City _____

Province _____ Postal Code _____ Country _____

Phone _____ Email _____

MEDICAL EDUCATION – Provide copy of MD degree

Name of University or School of Medicine granting Degree of Medicine:

Date MD granted: _____

Complete address of University or School of Medicine:

**POSTGRADUATE MEDICAL EDUCATION – All time periods from graduation must be accounted for.
Provide verification of postgraduate training.**

Dates (from-to)	Resident/ Fellow	Specialty	Medical School /Hospital	Country

PRACTICE HISTORY

In chronological order, list where you have practiced medicine. If you are not currently practicing, please indicate the last date on which you were in active clinical practice.

Dates (from-to)	Position	Hospital/Clinic	Country

**DECLARATION - INTERRUPTION(S) IN UNDERGRADUATE/ POSTGRADUATE TRAINING
AND/OR CLINICAL PRACTICE (IF APPLICABLE)**

I declare that, since admission to medical school, I had interruptions of two continuous months or more during my undergraduate/postgraduate training and/or clinical practice on the following occasions:

Dates (Mo./Yr. to Mo./Yr.)	Reason for Interruption (Explain the reason for the interruption, e.g. maternity leave, vacation, emigration) ATTACH ADDITIONAL PAGES AS NECESSARY
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I make this declaration conscientiously believing it to be true, and knowing that it is of the same legal force and effect as if made under oath.

<hr/> Applicant's Signature	<hr/> Print Name	<hr/> Date
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MEDICAL COUNCIL

Indicate what Medical Council of Canada Exams you have passed. **A copy of the letter(s) confirming results is required.**

- MCCEE – Required by International Medical Graduates
- MCCQE Part I
- MCCQE Part II

NATIONAL ASSESSMENT COLLABORATION OBJECTIVE STRUCTURE CLINICAL EXAMINATION (NAC OSCE)

A copy of the letter confirming you have passed is required.

- NAC OSCE – Required by International Medical Graduates

Score received _____

ENGLISH LANGUAGE PROFICIENCY

The College of Physicians and Surgeons of Newfoundland and Labrador will require TOEFL iBT or IELTS if your first language is not English and the language of patient care at your medical school was not English. **Copy of exam results is required.**

First language _____

Test of English as Foreign Language – Internet Based Test (TOEFL iBT): **Minimum total score 92.**

Total Score _____ Examination date _____

Reading Score (**Min 20**) _____ Writing Score (**Min 20**) _____ Listening Score (**Min 20**) _____ Speaking Score (**Min 24**) _____

International English Language Testing System (IELTS): **Minimum 7.0 in each of the components.**

Score _____ Examination date _____

Reading Score _____ Writing Score _____ Listening Score _____ Speaking Score _____

Current **BLS** and **ACLS** are required commencement of any postgraduate training. **Provide verification.**

Basic Life Support (BLS) – Current within 12 months

Advanced Cardiac Life Support (ACLS) – Current within 2 years

VERIFICATION OF DOCUMENTS – Physicians Apply

The College of Physicians and Surgeons of Newfoundland and Labrador require all IMGs to submit their medical credentials to physiciansapply.ca for verification; this includes medical degree, medical school transcript, all postgraduate training, and specialty certificates and registrations. **This process can take several weeks, or months, to complete**; therefore, individuals are urged to take care of this matter **immediately** following notification of a successful transfer.

REFERENCES

Three letters of reference from physicians who have personal knowledge of your recent training, and/or practice experience, are to be sent directly to the PGME office. **List the names, e-mail and mailing addresses of your references below:**

1. _____

2. _____

3. _____

In addition to submission of this completed application, and all supporting documents, you must include the following:

1. Dean's letter
2. Detailed resume/curriculum vitae
3. Personal letter (outlining career objectives)
4. All ITERs (through your current PGME office)

All documents must be in English, or **be accompanied by a certified English translation**. The documents will become property of PGME and **will not be returned**. Please submit documents by mail, fax, or email, to:

- Postgraduate Medical Education
Suite M2M401A, Health Sciences Centre, 300 Prince Philip Drive
Faculty of Medicine, Memorial University A1B 3V6
- Fax: 709 864 6361
- E-mail: pgme@mun.ca

UPON ACCEPTANCE, THE FOLLOWING IS REQUIRED:

1. Payment of registration fees to Memorial University of Newfoundland (\$675.58 - subject to change - we will notify you when payment of fees is due)
2. Registration with the CMPA (Malpractice Insurance)
3. Immunization documentation
4. Submission of the [Blood Borne Pathogens Policy](#) Declaration form
5. Registration with the College of Physicians and Surgeons of Newfoundland and Labrador
6. Adherence to the regulations of Memorial University of Newfoundland and the employer hospitals where they do not violate the Collective Agreement of the Professional Association of Interns and Residents of Newfoundland

I hereby apply for enrolment at Memorial University of Newfoundland and certify that the information contained herein is complete and correct. I understand that failure to disclose information required on this application form is considered to be an academic offence. If admitted, I agree to abide by all rules and regulations set out by the University. I make this Application in acknowledgement that it is subject to all of the provisions of current and future University Calendars which govern my course of study at the University, including, without restricting the generality of the foregoing, and all limitations and qualifications set out therein. I hereby authorize Memorial University of Newfoundland to obtain all relevant records from any school or post-secondary institution, which I have attended, and to release to agencies with a legitimate interest any non-confidential information. Please note that misrepresented or falsified educational credential information may be shared with other post-secondary institutions.

Signature: _____ **Date:** _____