**University of Toronto**



**Department of Anesthesia**

123 Edward St., 12th floor, Toronto, On

Tel: (416) 946-0608 Fax: (416) 978-2408

Email: k.matevski@utoronto.ca

**Fellowship Application Form**

**NOTE TO APPLICANT:**

**1. Internationally trained applicants must complete the 4-12 week Pre-Entry Assessment Program (PEAP). Only**

**successful applicants will be permitted to proceed with fellowship training.**

**2. The timeline for processing applications is as follows: 4-6 months for Canadian applicants; 12-18 months for foreign national**

**applicants.**

**3. Forward completed application to the Fellowship Program Director. See website for contact information**

**Fellowship Program applying for:**      **Hospital:**      **Fellowship Director of above program:**      **Proposed Start Date:**      

**Section A. Applicant Information**

1. **Personal**

**Name:** **Home address:** **Mailing address (if different):             
Telephone number:** **E-mail:** **Citizenship: Canadian      Permanent Resident of Canada:       Other country citizen-specify:**

1. **Education**

**Medical School/City/Country:** **Language of instruction:        
Degree Received /Year of Graduation:** **Country:**

1. **Anesthesia Training**

**Language of instruction:**

**Name of University/Anesthesia Training Program(s) :**

**1.** **Months / years of attendance:        
2.** **Months / years of attendance:        
3.** **Months / years of attendance:        
4.       Months / years of attendance:        
5.       Months / years of attendance:        
6.       Months / years of attendance:**

**Year Anesthesia Specialty Exams/Degree Completed:** **Country:** **Degree / Certification Received:        
Total # of years practicing anesthesia (include training years in official anesthesia program):**