



SUBSPECIALTY RESIDENCY TRAINING IN FORENSIC PATHOLOGY
Department of Laboratory Medicine and Pathobiology
Faculty of Medicine, University of Toronto

APPLICATION FORM

I. PERSONAL DATA

Name: _____

Current Address: _____

Permanent Address: _____

Telephone Number(s): _____

E-mail: _____

II. OBJECTIVES

Year and date in which you wish to commence training:

III. BACKGROUND

Residency positions in Forensic Pathology are open **only** to those applicants who have completed Anatomical or General Pathology Residency Programs accredited by the Royal College of Physicians & Surgeons of Canada.

A. Education (please include undergraduate, graduate and postgraduate education; institutions; degrees obtained and dates)		
<u>Degree Obtained</u>	<u>Institution</u>	<u>Date</u>



B. Honours and Awards

C. Specialty Certification

D. Are you licensed to practise medicine in the Province of Ontario?

Yes I currently hold:
General License Number: _____
Educational License Number: _____

No If your application is successful, you will be required to apply for a Postgraduate Education Certificate with the College of Physicians & Surgeons of Ontario please visit www.cpso.on.ca for information on eligibility.



IV. REFERENCES

Please provide the Names and Addresses of three Referees (whom you have asked to send sealed letters of reference directly to this office)

1. _____

2. _____

3. _____

I hereby certify that the information given on this form and attachments is true and complete. I understand that I shall be disqualified if information is withheld or false information has been provided and that any appointment already made or in progress will be cancelled and all credit revoked.

Date _____ Signature _____

Return completed application to:
Residency Training Program in Forensic Pathology
Department of Laboratory Medicine and Pathobiology
Faculty of Medicine, University of Toronto
Medical Sciences Building, Room 6231
1 King's College Circle
Toronto, ON M5S 1A8

COMPLETE PAGES 1 TO 3 AND RETURN WITH:

1. An up-to-date curriculum vitae, to include contact information, date of birth, country of birth, citizenship, education and medical training, employment history, publications.
2. Personal statement indicating interest in the program.
3. Copy of Medical Degree (& translation if not in English or French)
4. Copy of specialty certification (& translation if not in English or French)
 - a. If you expect to complete your specialty certification after the application deadline, but before the start of the fellowship, please include a letter from your Program Director or Department/Divisional Head indicating your expected completion date.
5. TOEFL and TSE, or TOEFL iBT score results from applicants whose first language and/or language of medical school and specialty training was neither English nor French. (Minimum acceptable scores are TOEFL 237, TSE 50, or TOEFL iBT 93 with a minimum score of 24 on the Speaking section.)
6. Medical school transcripts and/or internship year certificate.

APPLICATION DEADLINE: October 1st of the year prior to your desired start date. For example, if you wish to apply for the July 1, 2013 start date, the application deadline would be October 1, 2012.