



THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine
Application For Enhanced Skills Training

Name	_____		
	(Last)	(First)	(Middle)
Address	_____		

Phone	_____	Fax	_____
Email	_____		
SIN #	_____		
College of Physicians & Surgeons License #	_____		
Canadian Medical Protective Association (CMPA) #	_____		
Medical School and Year of Graduation	_____		

Requested Training Area(s) (e.g., emergency, geriatrics, mental health)**

Requested Amount of Training Time (2 – 12 months)

Requested Start Date

Preferred Training Location/Preceptor (if applicable)

Please turn over ➤

Please return this application and supporting documents to: Enhanced Skills Program,
 UBC Department of Family Practice, 300-5950 University Blvd, Vancouver, BC, V6T 1Z3, **Fax: (604) 822-6950**

If your requested training area is **mental health, please return a copy of this form to:
 Dr. Martha Donnelly, Vancouver Hospital, HCE4, 715 W. 12th Avenue, Vancouver, BC, V5Z 1M9, **Fax: (604) 875-5816**

Personal Statement & Educational Objectives

Please outline why you are interested in this program and what you wish to accomplish

Country of Citizenship

--

If not a Canadian Citizen, please complete:

<input type="checkbox"/> Landed Immigrant/Permanent Resident	<input type="checkbox"/> Working Visa	<input type="checkbox"/> Certified Refugee
<input type="checkbox"/> Other, please explain:		

Date of Birth (yy/mm/dd)

--

Please attach to this application:

- Current CV (including information on pre-medical, undergraduate and postgraduate education, research projects and publications)
- Letters of reference
- Letter of Community and/or Physician Support

I certify that the information recorded herein is complete and accurate to the best of my knowledge. I recognize that any misrepresentation or omission on my part may cause me to be disqualified from continuing in a training program, if accepted on the basis of this information. I am aware of no reason why this application would not be eligible for consideration.

Date: _____

Signature: _____

Please return this application and supporting documents to: Enhanced Skills Program,
 UBC Department of Family Practice, 300-5950 University Blvd, Vancouver, BC, V6T 1Z3
Fax: (604) 822-6950

****If your requested training area is mental health, please return a copy of this form to:**
 Dr. Martha Donnelly, Vancouver Hospital, HCE4, 715 W. 12th Avenue, Vancouver, BC, V5Z 1M9
Fax: (604) 875-5816