

**APPLICATION FOR FELLOWSHIP APPOINTMENT  
IN PEDIATRIC ANESTHESIA**



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA

A recent photograph  
(passport style)  
MAY be inserted in this  
space

I, \_\_\_\_\_ hereby make application for Fellowship in the  
Department of Pediatric Anesthesia at BC Children's Hospital

Beginning \_\_\_\_\_ 201\_\_ terminating \_\_\_\_\_ 201\_\_

If appointed, I hereby agree and pledge myself to comply faithfully with the By-laws, Rules and Regulations of the Hospital now in effect and those which may be adopted during my term of office.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Return application to:  
Katherine M. Bailey MD FRCPC  
Fellowship Program Director  
[kbailey@cw.bc.ca](mailto:kbailey@cw.bc.ca)

**APPLICATION FOR FELLOWSHIP APPOINTMENT IN PEDIATRIC ANESTHESIA**

*THE UNIVERSITY OF BRITISH COLUMBIA FACULTY OF MEDICINE, BC CHILDREN'S HOSPITAL*

1. Name: \_\_\_\_\_

**and** \_\_\_\_\_  
*(as it appears on medical degree if different)*

2. Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

3. Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ 4. Place of Birth: \_\_\_\_\_

5. Gender: Male  Female  6. Citizenship: \_\_\_\_\_

If not a Canadian citizen, indicate status while in Canada:

Permanent Resident (Landed): Yes:  or Work Permit: Yes:

7. Social Insurance Number *(if applicable)* \_\_\_\_\_

MEDICAL DEGREE:	UNIVERSITY / COLLEGE	DATE	COUNTRY
_____	_____	_____	_____

**MEDICAL COUNCIL OF CANADA:**

MCCEE:  date: \_\_\_\_\_ MCCQE part 1:  date: \_\_\_\_\_ LMCC#: \_\_\_\_\_ date: \_\_\_\_\_

**SPECIALTY CERTIFICATION-**

RCPSC Certification: \_\_\_\_\_ date: \_\_\_\_\_

If from UK:

CCST (Certification of Specialist Training): \_\_\_\_\_ date: \_\_\_\_\_

American Board Certification: \_\_\_\_\_ date: \_\_\_\_\_

Other: \_\_\_\_\_ date: \_\_\_\_\_

List Three (3) references – all of whom know your work well. Please arrange to have your referees write directly to the address listed on page 1 of this application.

NAME	POSITION
1. _____	_____
2. _____	_____
3. _____	_____

## APPLICATION FOR FELLOWSHIP APPOINTMENT CHECK LIST



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

Please complete this form and attach to the TOP of your application.

Applicant name: \_\_\_\_\_

### I am submitting:

- Letter of Intent, explicitly stating career objectives
  - Copy of completed application form
  - Copy of curriculum vitae
  - Copy of training certificates (do not send originals)
  - Copy of Medical school diploma
  - Copy of Residency Certificate
  - I have arranged for three (3) referees to write directly to the Fellowship Director, Dr. K Bailey ([kbailey@cw.bc.ca](mailto:kbailey@cw.bc.ca)).
- \* Applications will not be considered complete until 3 letters have been received.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY:

*Letter of Intent, Application  
& CV:*

*Date Received: \_\_\_\_\_*

*Letters of reference: 1 2 3*

*Application Complete: Yes No*

*Completion Date: \_\_\_\_\_*