I, ____________________________, hereby make application for Fellowship in the Department of Pediatric Anesthesia at BC Children’s Hospital.

Beginning ____________________ 202__ terminating__________________________ 202__

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
pedsanesfellowship@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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>2.</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>3.</td>
<td>__________________________________________</td>
</tr>
</tbody>
</table>
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. Katherine Bailey (pedsanesfellowship@cw.bc.ca).

* Applications will not be considered complete until 3 letters have been received.

Signature ______________________ Date: ____________________