

PGY3 Enhanced Skills Application 2020-2021

Name:

E-Mail Address:

Mailing Address:

Current University

Expected Completion  
Date of Residency

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I am applying to:

Program

- Category 1: Care of the Elderly
- Category 1: Palliative Care
- Category 1: Sports and Exercise Medicine
- Category 1: Anesthesia
- Category 2: Self-Designed – Rural / Regional
- Category 2: Self-Designed – Research / Scholarship

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Your Application  
Package Should  
Include:

- This Application Form
- Your CV
- Your Letter of Intent
- Program Director / Site Director Letter (Must be sent directly from program to fmpgy3@mcmaster.ca)\*
- TWO Letters of Reference (Must be sent directly from program to fmpgy3@mcmaster.ca)\*

\*see page 2

\*Please provide the names and e-mail addresses of the two referees and Program Director who will be sending letters of support to [fmpgy3@mcmaster.ca](mailto:fmpgy3@mcmaster.ca)

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