

Name:

E-Mail Address:

Mailing Address:

Current University

Expected Completion

Date of Residency

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

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
