



Faculty of Health Sciences  
Office of Postgraduate Medical Education

MDCL-3113  
1200 Main Street West  
Hamilton, Ontario, Canada  
L8N 3Z5

Phone 905.525.9140  
Ext. 22118 or 22116  
Fax 905.527.2707

COUNCIL OF  
**ONTARIO FACULTIES  
OF MEDICINE**

*An affiliate of the Council of Ontario Universities*

**PRE-ENTRY ASSESSMENT PROGRAM (PEAP) for FELLOWS**

**FINAL ASSESSMENT FORM**

The Pre-Entry Assessment Program (PEAP) for fellows is an assessment process that evaluates certified international medical specialists to determine whether they can function at the level of Ontario residents who have completed their primary certification and are qualified to enter an Ontario fellowship program.

The PEAP process allows for appropriate, supervised clinical activity. A PEAP candidate is assessed in a multidisciplinary environment where there is patient input on an ongoing basis. The PEAP must meet the following criteria:

- a) be of four to twelve weeks in duration
- b) be taken at a medical school in Ontario
- c) provide assessment of the candidate's general knowledge and competency in the specialty in which s/he is certified, and appropriate for practice in the discipline in which the candidate is entering fellowship training
- d) provide assessment in respect of whether the candidate,
  - is mentally competent to practise medicine
  - has the ability to practise with decency, integrity and honesty and in accordance with the law
  - has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate
  - can communicate effectively and displays an appropriately professional attitude

Name of Candidate _____
CPSO Registration # _____ <b>IMPORTANT! Do not begin PEAP without a valid CPSO Registration #</b>
Specialty Certification/Equivalent Certification In: _____ Year: _____ Country: _____
Fellowship Program _____
Supervisor: _____ Telephone: _____

180 Dundas Street West, Suite 1100, Toronto, Ontario M5G 1Z8 416 979-2165 Fax  
416 979-8635

E-mail [cou@cou.on.ca](mailto:cou@cou.on.ca) Web Site [www.cou.on.ca](http://www.cou.on.ca)

-----To be completed by the Assessors-----

Location and Dates of the Pre-Entry Assessment Program:

Department	Hospital	Dates	Duration in Weeks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cumulative Summary Observed Assessments:

	<b>U</b>	<b>BE</b>	<b>ME</b>	<b>AE</b>	<b>O</b>	<i>Legend</i>
Clinical Skills						<i>U- Unsatisfactory</i>
Technical Skills						<i>BE-Below Expectations</i>
Knowledge and Judgment						<i>ME-Meets Expectations</i>
Communication Skills						<i>A-Above Expectations</i>
Professional Attitudes						<i>O-Outstanding</i>

Has the assessment of the candidate included assessment of the candidate's general knowledge and competency appropriate for practice in the discipline in which the candidate is seeking fellowship education?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the assessment of the candidate included assessment of the candidate's ability to demonstrate receptive and productive fluency in one of the official languages of Ontario sufficient for safe and effective medical practice in the fellowship program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the candidate successfully completed the Pre-Entry Assessment Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor's comments:

---



---



---



---



---

