Clinical Fellows are postgraduate trainees who have completed the resident training required for College of Family Physicians of Canada (CFPC) or Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent certification and who are engaged in an educational program with objectives and evaluation procedures. Clinical Fellows require either an Independent Practice or Educational license (Certificate of Registration authorizing independent practice/postgraduate training). In order to assess this proposed fellowship the following information is needed:

1. Name: ______________________________________________________________________________

2. Training Program: _____________________________________________________________________

3. Check the appropriate box that describes this fellowship training:

   [ ] Area of Focused Competence
   This will appear on the trainee’s final certificate of training, name fellowship program accurately
   Provide Name of Fellowship Program:
   ____________________________________________________________________________________

   [ ] Completing Goals & Objectives of a Royal College Accredited Residency Program
   Definition – A Clinical Fellow who is following the curriculum of the residency program will not be
   RC certified)
   Provide Name of Training Program:
   ____________________________________________________________________________________

   [ ] Completing Additional Training in Trainee’s Base Specialty
   Provide Name of Training Program:
   ____________________________________________________________________________________

4. Immediate Supervisor: ____________________________________________________________________________________

5. Immediate Supervisor Contact Phone & Email: ____________________________________________________________________________________

6. Dates of the Appointment: ____________________________________________________________________________________

Next Page – Fellowship Educational Objectives & Evaluation Information & Departmental Approvals
7. Educational Objectives of Clinical Fellowship (use separate page if necessary)

8. Evaluation Procedure (frequency, method of evaluation, and report)

9. Rotation &/or Location Details – for trainees requiring work permits we need to know the locations of their training during this period of time (i.e., HHS Corp., SJH Corp, Hamilton, Trillium Health Partner’s, etc) as training locations are required information for their work permits.

It is understood that clinical functions will be pursued during this appointment and therefore a valid educational (or independent) license is required.

Approvals

Immediate Supervisor

“Needed only if different from Program Director”

Program Director

Assistant Dean, Postgraduate Medical Education

Date

Date

Date