

University of Manitoba, Department of Anesthesia 2<sup>nd</sup> Floor, Harry Medovy House Health Sciences Centre 671 William Avenue Winnipeg, Manitoba CANADA R3E 0Z2 Tel: (204) 787-2262

## **Fellowship Application Questionnaire**

| Name:  |
|--|
| What Fellowship are you applying for?  |
| Medical School Graduation Year:  |
| How many years was your postgraduate training program:                           |
| Do you have certification in Anesthesiology: $\Box$ Yes $\Box$ No                |
| Where did you obtain your certification:   |
| What year did you obtain your certification:                                     |
| Do you have your Medical Council of Canada Evaluating Exam: $\Box$ Yes $\Box$ No |
| If yes, please provide a copy to Cindy Marykuca at <u>cmarykuca@hsc.mb.ca</u> .  |

## PLEASE SUBMIT THIS QUESTIONNAIRE WITH YOUR APPLICATION

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