Rady Faculty of Health Sciences | University of Manitoba

APPLICATION OF FELLOWSHIP
Dr. Gerald Niznick College of Dentistry – University of Manitoba
P129 – 780 Bannatyne Ave
Winnipeg, MB – Canada R3E 0W2

REQUESTED START: Month | Year

REQUESTED DURATION OF TRAINING:
(Dependent upon Program criterion for training)
❑ ONE YEAR
❑ TWO YEAR

SPECIALTY PROGRAM: ☐ PEDIATRIC DENTISTRY ☐ ORTHODONTIC

Part I: Personal Data

(or, as it appears on your specialty degree if different) *(please print or type)*

Legal Family Name (Surname)	
Legal First (given) Name and Legal Middle Name(s)	

Birth Date (day | month | year)		Gender	❑ Male ❑ Female
Province or Country of Birth		Country of Citizenship	

Current Address ❑ Check if same as Permanent / Forwarding Address

Number and Street					
City and Province / State					
Country		Postal/Zip Code		Email	
Telephone (home)	Area Code		Telephone (work)	Area Code	

Permanent / Forwarding Address *This address will be used to forward your certificate upon successful completion of your fellowship*

Number and Street					
City and Province / State					
Country		Postal/Zip Code		Email	

Part 2: Status in Canada & Language Requirements

				- Day -	- Month -	- Year -
Canadian Citizen ❑ Permanent Resident ❑ Landed Immigrant Status ❑ Work Permit ❑ N/A ❑	If sponsored by an outside agency or Government, give name		Proposed or actual date of entry into Canada			
Primary Language	English ❑	French ❑	Other ❑ (please specify)	Date you wrote or plan to write IELTS /TOEFL *(Results must be attached)*	- Day -	- Month -	- Year -

Part 3: Dental Degree, Specialty Certificate & Examinations

Name of University where dental degree was obtained *(Original Transcripts in English must be attached)*	Country	Year of Graduation
Name of University where specialty certificate/degree was obtained *(Original Transcripts in English must be attached)*	Country	
Specialty Certification ❑ DSCKE ❑ Other		Year Obtained
Examinations *(Results must be attached)* ❑ American Dental Association Advanced Dental Admissions Test Date:	❑ Other Date:	

Part 4: Letters of Reference (included in sealed envelope or sent directly to the College)

Reference name	Title	Institution

Part 5: Letters of Good Standing (if currently holding a dental and/or specialist license)

Licensing Body	Country

Part 6: Attachments: Personal Statement & CV

❑ One Page Personal Statement ❑ Curriculum vitae ❑ Application Fee

Application materials, including reference letters, will be handled in accordance with the Freedom of Information and Protection of Privacy Act (Manitoba). Please note that application materials will be provided to participating members of the selection committee. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

Signature: ______________________

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(print name)

Date Day | Month | Year