



**POSTDOCTORAL TRAINING PROGRAM IN CLINICAL MICROBIOLOGY  
UNIVERSITY OF MANITOBA  
APPLICATION**

**For Training from JULY 1, 2022 - JUNE 30, 2024  
(Applications Accepted September 20, 2021 – December 31, 2021)**

**Application Criteria**

Applicants must be postdoctoral-level (Ph.D.) scientists with a background in microbiology or related field. Canadian citizenship or Permanent Residency in Canada is a requirement.

**A complete application consists of the following:**

- Completed Part I: General Information Sheet(s)
  - Current copy of *Curriculum Vitae*
  - Notarized photocopies of university degrees
  - Official transcripts of university grades
- Completed Part II: Educational Background and Experience Sheet(s)
- Completed Part III: Personal Statement and References Sheet(s)
- Completed Part IV: Confidential Assessment by Referee Sheet(s) and Letters of Reference from 3 Referees

ALL DOCUMENTATION REQUIRED FOR A COMPLETE APPLICATION MUST BE PROVIDED TO THE PROGRAM DIRECTOR BY DECEMBER 31, 2021. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ALL MATERIALS ARE RECEIVED BY THE PROGRAM DIRECTOR. APPLICATIONS THAT ARE NOT COMPLETE ON DECEMBER 31, 2021 WILL NOT BE CONSIDERED FOR THE POSITION.

ONLY APPLICANTS SELECTED FOR AN INTERVIEW WILL BE CONTACTED AND INTERVIEW TIMES ARRANGED BY JANUARY 18, 2022.

NOTE: THE PROGRAM WILL ACCEPT APPLICATIONS FROM PH.D. CANDIDATES WHO WILL HAVE DEFENDED AND SUBMITTED THEIR FINAL (COMMITTEE SIGNED) THESIS TO THE FACULTY OF GRADUATE STUDIES BY APRIL 1, 2022. FOR THESE CANDIDATES, DOCUMENTATION MUST ACCOMPANY THIS APPLICATION IN THE FORM OF A LETTER WRITTEN BY YOUR THESIS SUPERVISOR ASSURING THAT THIS TIMELINE WILL BE MET. IN THE EVENT THAT A PH.D. CANDIDATE IS SELECTED FOR THE POSITION AND THIS TIMELINE IS NOT MET, THE POSITION WILL THEN BE OFFERED TO THE APPLICANT RANKING SECOND IN THE INTERVIEW.



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**Part I: General Information**

Name of Applicant: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (if different than Present Address): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation or Student Status: \_\_\_\_\_

Citizenship: \_\_\_\_\_

If not Canadian, provide evidence for permanent resident status in Canada: \_\_\_\_\_

If applicable, provide MELAB, TOEFL, CanTEST, IELTS, and/or AEPUCE scores:

\_\_\_\_\_

\_\_\_\_\_



**University  
of Manitoba**



**Please provide a current copy of your *Curriculum Vitae* together with your completed application form.**

**Please provide notarized photocopies of your degrees and official transcripts of your grades together with your completed application form.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



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**Part II: Educational Background and Experience**

University Institution and Dates	Education Field of Specialization	Degree Awarded Year

List pre-doctoral work experience (employers, type of positions, provide dates) relevant to Clinical Microbiology and Laboratory Medicine.

List post-doctoral work experience (appointments held/employers/research or other activities, provide dates) relevant to Clinical Microbiology and Laboratory Medicine.

**On a separate page**, list (a) scientific papers and (b) abstracts you have published (include complete journal and conference references). Attach a representative selection of reprints (up to 3 published papers and 3 published abstracts) of your work. Attach as many additional pages to this section as necessary.



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(Applications Accepted July 1, 2018 – December 31, 2018)**

**Part III: Personal Statement and References**

Describe concisely in the space provided below (limit 500 words) your reasons for seeking to qualify as a certified Clinical Microbiologist.

Give names, titles and mailing addresses of three referees whom you have asked to write a reference letter and complete the form (Section IV) provided in support of your application.

- 1.
- 2.
- 3.



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**Part IV: Confidential Assessment by Referee**

(i). Name of Candidate:

(ii). How long and in what capacity have you known the candidate?

(iii). Please circle your general assessment of the academic/capability rank of the candidate relative to others you have observed in the same situation:

**Upper 10%**

**Upper 20%**

**Upper 30%**

**None of these**

(iv). Please rate the applicant for the characteristics you feel you can fairly evaluate. Place a check mark in the box that represents your judgment of his/her skills.

<b>CHARACTERISTICS</b>	<b>Out-standing</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Cannot Judge</b>
Background Preparation					
Intellectual Ability					
Analytical and Technical Skills					
Perseverance					
Motivation/Initiative					
Organizational Ability					
Original Thought					
Ability to Teach Others					
Judgment /Maturity /Critical Sense					
Verbal Communication					
Written Communication					
Positive Attitude/Personable/ Interpersonal Skills					
Character					



(v). Please write a letter of reference for the candidate, amplifying or qualifying any aspect of your assessment that you feel would be helpful to those evaluating the candidate.

Date: \_\_\_\_\_

Signature of Referee: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position, Department: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Note: The completed form (Part IV) and your letter of reference are to be forwarded directly to the Director of the Clinical Microbiology Training Program (address provided below).**

Dr. Markus Stein  
Director, Clinical Microbiology Training Program  
Max Rady College of Medicine, University of Manitoba  
Health Sciences Centre  
MS673C - 820 Sherbrook Street  
Winnipeg, MB, R3A 1R9, Canada

Telephone: (204) 787-4597 E-mail: [mstein2@sharedhealthmb.ca](mailto:mstein2@sharedhealthmb.ca)

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