



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: Yes No

Where did you obtain your certification:

What year did you obtain your certification:

Do you have your Medical Council of Canada Evaluating Exam: Yes No

If yes, please provide a copy to Cindy Marykuca at cmarykuca@hsc.mb.ca.

PLEASE SUBMIT THIS QUESTIONNAIRE WITH YOUR APPLICATION