

Jean-Martin Laberge Fellowship in Global Pediatric Surgery
Application form

Name _____

Physical address _____

Email _____ Phone number _____

Birth date and place _____

Citizenship _____ (Anticipated) status in Canada _____

Languages spoken fluently _____

Current clinical position _____

Education (list university/institution & date obtained)

Academic degrees _____

Professional degree (Medicine) _____

Post-graduate training _____

Previous research experience _____

Licensure: Canada _____

Other _____

Why are you interested in pursuing this fellowship? (250 words max., may use extra page)

Do you have any specific research area of interest that you want to pursue? _____

Are you interested in pursuing an academic degree during the fellowship? Masters _____ PhD _____

How do you intend to apply the knowledge and skills gained in this fellowship in your professional life? (250 words max., may use extra page)

Declaration

I certify all the above information is true and agree to abide by the Rules and Regulations of the Montreal University Health Centre and McGill University Code of Ethics.

Date _____ Signature _____

Please forward the completed application form, your personal CV and two letters of reference electronically to Dr. Dan Poenaru, dan.poenaru@mcgill.ca.

Other contacts

Jean-Martin Laberge Fellowship in Global Pediatric Surgery

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www.cglobalsurgery.com/index.php/events-and-news/352-new-fellowship-in-global-pediatric-surgery