



▶ Please read application instructions carefully; print out and complete the form, and send photocopies of requested documents.

A NAME					
Mr.	Mrs.	Miss	Ms.	Dr.	Other
First Name		Middle Name	Legal Surname		

B MAILING ADDRESS			
Notice of any change is required in writing to the office of the ITMD Program.			
Apt. #	Street Number	Street Name	
City or Town		Province	Postal Code
Home Phone		Work Phone	Fax
Mobile Number:		Email Address:	
Please select the best method to contact you:			
Home Phone		Mobile Number	

C EDUCATION HISTORY		
Attach transcripts (photocopies) of all your academic degrees and diplomas.		
Professional/Medical Degree Obtained: (e.g. MD, MBBS, DDS, DDM, MBChB, MBBCh, BMBS, etc.)		
Name of Institution:	City:	Country:
Date Completed:		
Postgraduate Degree Obtained: (e.g. MSc, PhD, MPH, etc.)		
Name of Institution:	City:	Country:
Date Completed:		
Degree Obtained:		
Name of Institution:	City:	Country:
Date Completed:		
Postgraduate Training Obtained (if any): (e.g. specialization)		
Name of Institution:	City:	Country:
Date completed:		
Have your credentials been assessed for equivalency to a Canadian academic degree?		
Yes	No	If you answered yes, please specify the agency name:



D PUBLIC HEALTH WORK / RESEARCH EXPERIENCE

Organization:			
Type of work (clinical, research, government, not-for-profit, etc.):			
Position & Role:	City:	Country:	
Employed from:	to:		
Organization:			
Type of work (clinical, research, government, not-for-profit, etc.):			
Position & Role:	City:	Country:	
Employed from:	to:		
Organization:			
Type of work (clinical, research, government, not-for-profit, etc.):			
Position & Role:	City:	Country:	
Employed from:	to:		

E CAREER GOALS

Briefly explain your short-term and long-term career goals.

Short-term Goal:

Long-term Goal:

F LANGUAGE PROFICIENCY AND CITIZENSHIP			
1. Is English your primary language of communication?	*Yes	No	*Native English Speaking
2. Did you obtain your professional education and training in English?	Yes	No	
3. Have you been tested during the last year for English proficiency (e.g., TOEFL, IELTS)?		Yes	No
If yes, please complete the following:			
Test Name:		Date Taken:	Score:
			Please enclose document.
4. What is your country of citizenship?			
5. What is your official status in Canada?			
6. Date of Arrival in Canada:			

G DECLARATION
Please note that your application will not be processed without the necessary documentation.
I have read and understood the application instructions, and my signature below indicates that all responses are true and accurate. No relevant information, academic declaration, or citizenship status in Canada, or any other information, has been withheld, otherwise my admission to or registration at Ryerson University may be revoked.
Applicant Signature: _____ Date: _____

Completed application form and all necessary documentation should be emailed to the following:
Internationally Trained Medical Doctors (ITMD) Bridging Program The G. Raymond Chang School of Continuing Education Ryerson University
Email: itmdadmission@ryerson.ca

CHECKLIST
Please email the following documents with your application.
<ul style="list-style-type: none"> Completed and signed application form Medical degree or certificate (please provide a scanned copy) Proof of language proficiency test score (please provide a scanned copy) Current resume detailing your education and professional experience One page Letter of Intent (LOI) (e.g., who you are, why you are interested in the program, and how you would like to utilize your knowledge and skills after completion of the program) Proof of Ontario residency (e.g., photocopy of Ontario driver's licence) Proof of eligibility to work in Canada (e.g., photocopy of permanent resident or citizenship card)

OFFICE USE ONLY:		
Approval: _____	Process Date: _____	Cohort: _____