



UNIVERSITY OF ALBERTA
GLEN SATHER SPORTS MEDICINE CLINIC

2C/2D Kaye Edmonton Clinic
 11400 University Avenue
 Edmonton, Alberta
 T6G 1Z1

Phone: (780) 407-5160
 Fax: (780) 407-5667

www.uofa.ualberta.ca/glen-sather-clinic

APPLICANT INFORMATION

Last Name:	First Name:	M.I.
Address:		
City/Town:	Prov.:	Postal Code:
Phone:	E-mail:	Fax:
Citizenship:	SIN:	D.O.B. (yy/mm/dd)
If not a Canadian citizen, please complete: <input type="checkbox"/> Landed immigrant/Permanent resident <input type="checkbox"/> Working Visa <input type="checkbox"/> Certified Refugee		

Please check the appropriate section:

Are you a resident?

Residency Program and Site: _____

Do you currently hold an educational license in Alberta

Are you a Practicing Family Physician?

Practice Address (if different than above): _____

Phone (day): _____

Do you have a full license to practice in Alberta?

EDUCATION

Undergraduate:	University/College/Location	Dates	Degree	
Graduate:	University/Location	Dates	Degree	Field of Study
Medical School:	University/Location	Dates	Degree	
Postgraduate Medical Training	University/Hospital/Location	Dates	Residency/Fellowship/Sub-specialty	

CURRENT PROFESSIONAL QUALIFICATIONS:

BOARD CERTIFICATION AND LICENSURE: (enclose copies)

Name:	Province:	Date:	Number:

Any suspensions, restrictions or disciplinary actions? (please explain) _____

EXPERIENCE

Sport Medicine Experience:

Research Experience and Grants:

Publications and Presentations: (attach copies of abstracts)

Military of Government Service:

Languages Spoken:

Conversational: _____

Reading: _____

Fluent: _____

Special Interests and Abilities:

LETTER OF INTEREST

Please provide a letter of interest of one page or less that addressed your reasons for seeking additional training in sport and exercise medicine. Please explain any interruptions in your education and training. Please attach the letter to the application form.

REFERENCES

Please indicate the names and contact information for three referees – one of whom must be your current Program Director, if you are a PGY2 resident. If you are applying as an established practitioner, please include at least once referee who is a colleague in your profession, who has knowledge of your work and interest in sport and exercise medicine. When possible please include a member of the Canadian Academy of Sport and Exercise Medicine (CASEM) and your residency program director.

Ref. 1	Name:	Address	
	Phone:	Fax:	e-mail:
Ref. 2	Name:	Address:	
	Phone:	Fax:	e-mail:
Ref. 3	Name:	Address:	
	Phone:	Fax:	e-mail:

Referees' letters should be sent directly to Dr. Connie Lebrun at:

Glen Sather Sports Medicine Clinic

2C/2D Kaye Edmonton Clinic

11400 University Avenue

Edmonton, Alberta

T6G 1Z1

Fax: (780) 407-5667

or by e-mail to: lebrun@ualberta.ca

References should address the following questions:

- a. How long have you known the applicant, and in what capacity?
- b. How would you rank (%) the applicant compared to other residents/physicians during the time you have had contact with this individual?
- c. Are you aware of any paraprofessional or peer conflicts that have occurred with this applicant?
- d. Is the applicant skillful and careful? Would you trust him/her with your patients?
- e. Would this individual work well in a multidisciplinary environment?
- f. Please provide your thoughts, comments and observations that relate to this applicant's skills and abilities pertaining to sport and exercise medicine.

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is complete and accurate. I authorize you to investigate any and all of my references. I understand that appointments are for 1 year, and once appointed I must fulfill the time commitment of the Fellowship.

Signature: _____ **Date:** _____

NOTES:

Family medicine PGY2 residents and family medicine physicians returning from practice must also fill in an application for the Enhanced Skills Program through the Department of Family Medicine, Faculty of Medicine and Dentistry

<http://www.familymed.med.ualberta.ca/Home/Education/ThirdYear/sports.cfm>