

613-267-1500 ext. 1138

**MEDICAL STUDENTS, INTERNS AND RESIDENTS**

We have a requirement to collect information for all medical student trainees at the hospital. This includes clinical clerks and all other undergraduate medical students, interns, and residents. This information is submitted annually as part of our funding formula. For all trainees, the following information is required:

NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_  
(e.g. undergraduate, year 1 or postgraduate, year 2)

COLLEGE OF PHYSICIANS & SURGEONS LICENSE #

CMPA MEMBERSHIP #

UNIVERSITY STUDENT REGISTRATION #

PROGRAM:

CONTACT PHONE #:

EMAIL ADDRESS:

**PLACEMENT WITH PERTH & SMITHS FALLS DISTRICT HOSPITAL**

HOSPITAL DEPARTMENT:

START DATE:

END DATE:

**UPON COMPLETION OF THIS FORM PLEASE RETURN TO THE MEDICAL STAFF OFFICE AT THE PERTH SITE Attn. Kathy Pow Fax: 613- 267-7158 [kpow@psfdh.on.ca](mailto:kpow@psfdh.on.ca)  
Thank you for your cooperation.**

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