



Attention: Cindy McCuaig, Medical Staff Office

MEDICAL STUDENTS, INTERNS AND RESIDENTS, JOB SHADOWING

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, residents and those job shadowing. This information is submitted annually as part of our funding formula. The hospital requires the following information be completed.

NAME: _____

MOTHER'S MAIDEN NAME: _____

SCHOOL: _____

LEVEL OF EDUCATION: (eg. undergraduate, postgraduate, year)

COLLEGE OF PHYSICIANS & SURGEONS LICENSE #: _____

CMPA MEMBERSHIP #: _____

UNIVERSITY STUDENT REGISTRATION: _____

PROGRAM: _____

CONTACT TELE.#: _____ *email:* _____

PLACEMENT WITH PERTH & SMITHS FALLS DISTRICT HOSPITAL:

HOSPITAL DEPARTMENT OR PHYSICIAN: _____

START DATE: _____

END DATE: _____

**UPON COMPLETION OF THIS FORM PLEASE RETURN TO THE MEDICAL STAFF OFFICE
AT THE PERTH SITE. Attn. Cindy McCuaig FAX: 613- 267-7158**

or by email to: cmccuaig@psfdh.on.ca

Thank you for your cooperation.