

**Ultrasound Fellowship Application Form  
Department of Emergency Medicine  
University of British Columbia**



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Name: \_\_\_\_\_  
Surname Given Name(s)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**Licensing**

Are you currently licensed to practice medicine in the Province of British Columbia? Yes [ ] No [ ]

If yes, independent practice license number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you ever been subject to any disciplinary action or license suspension by any licensing authority? If so, please provide details in an accompanying letter.

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**Education & Training**

**Medical School**

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Institution	Year of Graduation	Degree
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**Residency Training**

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Institution	Dates
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Institution	Dates
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**Fellowship Training**

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Institution	Dates
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Institution	Dates
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**References**

List 3 referees below, with their names, titles, and positions. One reference must be from your residency program director or your emergency department chief. Please ask your referees to send letters directly to the fellowship director by email.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please attach a brief **personal statement** describing why you are interested in pursuing a point of care ultrasound fellowship position at the University of British Columbia.

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Please indicate your preference for your primary emergency department site for both clinical work and ultrasound scanning (in numerical order from 1 to 3):

- Vancouver General Hospital
  - St Paul's Hospital
  - Royal Columbian Hospital
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I certify that the information provided in this application is correct and complete, to the best of my knowledge.

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Signature

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Date

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Please enclose the following documents with the completed application form:

- Current curriculum vitae
- Personal statement
- Photocopy of medical degree

Applications should be sent to the fellowship director (electronically or regular mail):

Dr. Daniel Kim  
Department of Emergency Medicine  
Vancouver General Hospital  
855 12th Ave W  
Vancouver, BC V5Z 1M9  
email: dkim000@gmail.com