

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



Name: _____
Surname Given Name(s)

Mailing Address: _____

Phone (Home/Cell): _____

Fax: _____

Email: _____

Date of Birth: _____

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.

Education & Training

Medical School

Institution	Year of Graduation	Degree
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Residency Training

Institution	Dates
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Institution	Dates
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Fellowship Training

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.

I certify that the information provided in this application is correct and complete, to the best of my knowledge.

Signature

Date

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