



**REQUEST
FOR CERTIFICATE OF COMPLETION OF TRAINING
FOR FELLOWS**

Requests for certificates should be forwarded along with the PSCF (4026A) form (for termination) and FITER. Programs are requested to complete the following information **in full** and submit it to the Postgraduate Medical Education Office at least two (2) weeks prior to date required. As all certificates are bilingual, please provide the exact type of fellowship in both French and English.

**CERTIFICATES WILL NOT BE ISSUED IN A TIME PERIOD
EXCEEDING ONE MONTH FROM TERMINATION DATE.**

NAME:

_____ *(as it should appear on the certificate – middle name: **initials only**)*

PROGRAM:

DATES OF TRAINING TIME RELEVANT TO REQUEST:

/ /

/ /

From: (yy/mm/dd)

To: (yy/mm/dd)

TYPE OF FELLOWSHIP COMPLETED:

OFFICIAL FRENCH WORDING – MANDATORY:

DATE CERTIFICATE IS REQUIRED: (yy/mm/dd) / /

PLEASE INDICATE WHO WILL BE SIGNING THE CERTIFICATE:

Program Director

Supervisor

Name: _____ Signature: _____

SIGNATURE OF PROGRAM DIRECTOR OR SUPERVISOR IS MANDATORY

FOR OFFICE USE ONLY

Confirmation of Dates: _____

Outstanding Fees: _____

FITER Received: _____

Certificate issued and sent on: _____