

Faculty of Medicine - Postgraduate Medical Education

Standard Letter of Offer to a Foreign Applicant (Residency or Clinical Fellowship)

This type of letter should be submitted to a successful candidate as soon as possible. It should be printed on the program's letterhead and signed by the Program Director and successful candidate.

Dear Dr. **(name of candidate)**:

I am pleased to offer you a Residency **(or Clinical Fellowship)** training position in the **(name of program)** at the University of Ottawa starting on **(date)** for a duration of **(number of years/months)**, according to the conditions listed below.

The University Postgraduate Associate Dean will provide an official Letter of Acceptance to you as soon as you have met all of the registration requirements.

This offer consists of the following conditions:

1. That you agree to undergo a Pre-Entry Assessment Program (PEAP) of **(8 to 12 weeks)**, prior to official registration. This program will begin on **(date)** and may be extended to a maximum period of 12 weeks, if deemed necessary.
2. That you remain fully funded by your current sponsor to successful completion of your training program.
3. That you abide by the rules and regulations set by the University of Ottawa, the Ontario Ministry of Health, the College of Physicians and Surgeons of Ontario and the Royal College of Physicians of Surgeons of Canada **or the College of Family Physicians, as the case may be**, throughout the duration of your program.

Once we receive your acceptance, we will be forwarding appropriate documentation to the University Postgraduate Office to start the process of obtaining a Work Permit. This may take 3-6 months to complete. The University Postgraduate Medical Office will be communicating with you once the required documents have been issued. In the meantime, you are encouraged to communicate with the Canadian Embassy, High Commission or Consulate in your country to activate the process of applying for a visa.

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You should also contact the College of Physicians and Surgeons of Ontario (CPSO) as soon as possible to obtain an application package for an Education Certificate of Registration (license to practice). Please note that this process may take 4-6 months to complete. You can reach them at 416-967-2617 or visit their Web site at <http://www.cpso.on.ca>.

You will be required to obtain malpractice insurance prior to the commencement of your PEAP. You can reach the Canadian Medical Protective Association (CMPA) at 613-725-2000 or visit their Web site at <http://www.cmpa-acpm.ca/>.

You will also be required to meet the University's Immunization Requirements before the start of your program. The enclosed form should be completed and submitted as soon as possible to the Risk Management Office, 600 Peter Morand Crescent (108), Ottawa, ON, K1G 5Z3.

You will find enclosed (**include academic or any other relevant details such as name of supervisor, rotation block dates, contact names, telephone numbers, etc.**)

Please provide us with a complete mailing address, telephone number and e-mail address and inform us immediately of any changes to this information.

Feel free to communicate with (**name of contact**) for any further details.

Yours truly,

Program Director

copy: (**Funding Source, i.e. Saudi Arabian Cultural Bureau, Kuwait Embassy, Libya, etc., and the PGME Office**)

I, the undersigned, accept this Offer according to the conditions indicated.

Name: Dr. _____

Signature: _____ Date: _____