

## Faculty of Medicine - Postgraduate Medical Education

### Standard Offer of Admission to a Canadian Medical Graduate

to a Residency or Fellowship program. This letter should be submitted to the candidate as soon as acceptance has been granted. A copy of the signed acceptance by the candidate should be sent to the University Postgraduate Office.

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Dear Dr.     :

I am pleased to offer you a postgraduate training position as a (PGYX **or** Clinical Fellow) in the (name of program) training program at the University of Ottawa starting on (date) for a duration of X years **or** from (date) to (date), according to the conditions listed below.

Although this does not consist as the official University of Ottawa Letter of Acceptance, it can still be considered as an official offer of Admission. The Letter of Acceptance will be provided to you by the University Postgraduate Dean at a later time.

This offer of admission consists of the following conditions:

- That you remain fully funded by your current sponsor to successful completion of your training program.
- That you abide by the rules and regulations set by the University of Ottawa and the College of Physicians and Surgeons of Ontario, throughout the duration of your program.
- any other condition that you are imposing (call requirements for Fellows, etc.)

You are encouraged to contact the College of Physicians and Surgeons of Ontario as soon as possible to obtain an application package for an Educational or Independent Certificate of Registration (license to practice). Please note that this process may take 3-6 months to complete. You can reach them at 416-967-2617 or download the application from their website at: [http://www.cpso.on.ca/Info\\_physicians/info\\_phys.htm](http://www.cpso.on.ca/Info_physicians/info_phys.htm)

You will be required to obtain malpractice insurance prior to the commencement of your training program. You can reach the Canadian Malpractice Protective Association at 613-725-2000 or download the application from their website at: <http://www.cmpa-acpm.ca/>

You will also be required to meet the University's Immunization Requirements. The required form will be sent to you by the University Postgraduate Office.

You will find enclosed the Educational Objectives of the program and ..... (include

*any other relevant academic details such as name of supervisor, rotation dates, salary, vacation entitlement, etc.)*

Please provide us with a complete mailing address, telephone and fax numbers, and e-mail address (if available) where you can be reached and advise us immediately of any changes.

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

Yours truly,

Program Director

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- o ***I, the undersigned accept the Offer of Admission according to the conditions indicated in this letter.***
  
- o ***I, the undersigned, do not accept the Offer of Admission according to the conditions indicated in this letter.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_