MDCL 3113 1200 Main Street West Ext. 22116 or 22118 Hamilton, Ontario Canada L8N 3Z5

Phone 905.525.9140 Fax 905.527.2707

TO BE COMPLETED BY CLINICAL & RESEARCH FELLOWS FOR ISSUANCE OF CERTIFICATE

Return by Fax (905)527-2707 within three months of training end date

| Name of Trainee | |
|--|------|
| Program | |
| Start date in Program | |
| INFORMATION FOR CERTIFICATE(S): | |
| in one of the order of the orde | |
| Certificate 1 | |
| Name of Fellowship: | |
| Start Date: | |
| End Date: | |
| Supervisor: | |
| Supervisor's email address: | |
| | |
| Supervisor's signature | Date |
| | |
| Certificate 2 | |
| Name of Fellowship: | |
| Start Date: | |
| End Date: | |
| Supervisor: | |
| Supervisor's email address: | |
| , | |
| | |
| Supervisor's signature | Date |
| | |
| | |
| Certificate 3 | |
| Name of Fellowship: | |
| Start Date: | |
| End Date: | |
| Supervisor: | |
| Supervisor's email address: | |
| | |
| Supervisor's signature | Date |