

Faculty of Health Sciences Office of Postgraduate Medical Education

MDCL 3101A 1280 Main Street West Ext. 22118 or 22116 Hamilton, Ontario Canada L8S 4K1

Phone 905.525.9140 Fax 905.527.2707

## **RESEARCH FELLOW CHECKLIST NO PATIENT CONTACT**

## North American and International Medical Graduates

McMaster University Fellowship Application http://fhs.mcmaster.ca/postgrad/admissions.html		
Curriculum Vitae		
Copy of Medical Degree		
Letter from Supervisor To include:		
<ul> <li>Position Title</li> <li>Period of Contract</li> <li>Funding Agency (attach copy of proof of fu</li> <li>Funding Amount</li> <li>Job Description</li> </ul>	nding)	
Letter of support from Subspecialty Program Director (if applicable)		
*Letter of support from Specialty Program Dire	ctor	
Instruct Department Manager regarding Payroll Arrangements		

## \*ALL APPLICATIONS MUST COME TO POSTGRADUATE EDUCATION VIA **CORE PROGRAMME OFFICE**

Submit to crozier@mcmaster.ca