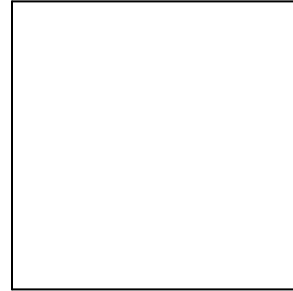


The Glen Sather Sport Medicine Clinic  
University of Alberta  
E-05 Van Vliet Center  
Edmonton, AB T6G 2H9  
Phone (780)492-4752  
Fax (780)492-1637  
www.glensathersportsmedicineclinic.com



Photo

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Permanent Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Marital Status: SINGLE / MARRIED Children: YES / NO  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Undergraduate Education:

University/College	Dates	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduate Education: (non-medical)

University	Dates	Field of Study	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Education:

University

Dates

Degree

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Postgraduate Medical Education:

Hospital/Location

Dates

Residency/Fellowship

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Current Professional Qualifications:

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Board Certifications and Licensure: (enclose copies)

Name

Province

Date

Number

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Any suspensions, restrictions or disciplinary actions? (please explain) \_\_\_\_\_

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Sport Medicine Experience:

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Research Experience and Grants:

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Publications and Presentations: (attach copies of abstracts)

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Military or Government Service:

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Languages Spoken:

Conversational: \_\_\_\_\_

Reading: \_\_\_\_\_

Fluent: \_\_\_\_\_

Special Interests and Abilities:

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Personal Statement: address why you wish additional sport medicine training and explain any interruptions in your education and training. Attach your statement as a separate sheet, do NOT exceed one page.

References: (send directly to fellowship director)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Please obtain three professional references. When possible please include a member of the Canadian Academy of Sport Medicine and your residency program director. These references should address the following questions:

- a. How long have you known the applicant? In what capacity?
- b. How would you rank (%) the applicant compared to other residents/physicians during the time you have had contact with this individual?
- c. Are you aware of any paraprofessional or peer conflicts that have occurred with this applicant?
- d. Is the applicant skillful and careful? Would you trust him/her with your patients?
- e. Would this individual work well in a multidisciplinary environment?
- f. Please provide your thoughts, comments and observations that relate to this applicant's skills and abilities pertaining to sport medicine.

I certify that the information contained in this application is complete and accurate. I authorize you to investigate any and all of my references. I understand that appointments are for 1 year, and once appointed I must fulfill this time commitment of the fellowship.

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