

First Name, Last Name, Designation (i.e., MD)

Address

City, Province, Country

Postal Code

Phone Number

Email Address

OBJECTIVE

A brief description of yourself and your education/training and why you would like to participate in the Practice Ready Ontario program.

POST-GRADUATE EDUCATION

Residency Type

MM/YYYY – MM/YYYY

University Name

City, Country

Hospital Name/Educational Institution; Location

MM/YYYY

- Rotation Name – length of time & dates
- Rotation Name – length of time & dates
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- Rotation Name – length of time & dates

UNDERGRADUATE EDUCATION

Degree Name

MM/YYYY – MM/YYYY

University Name

City, Country

PREVIOUS & CURRENT LICENSURE

License/Registration (No. #####)

PRESENT

License/Registration (No. #####)

MM/YYYY

EXAMINATIONS

- NAC Examination (**Score - #**) MM/YYYY
- MCCQE Part 1 Examination (**Score - #**) MM/YYYY
- MCCQE Part 2 Examination (**Score - #**) MM/YYYY
- Language Proficiency Test (*i.e., IELTS, OET, CELPIP*) MM/YYYY
 - Listening – **Score #**
 - Reading – **Score #**
 - Writing – **Score #**
 - Speaking – **Score #**
- Any additional examinations you feel are relevant.

ADDITIONAL CERTIFICATIONS*i.e.*, Advanced Cardiac Life Support (ACLS)

MM/DD/YYYY

Advanced Trauma Life Support (ATLS)

MM/DD/YYYY

Pediatric Advanced Life Support (PALS)

MM/DD/YYYY

CLINICAL EXPERIENCE

Position (i.e., Family Medicine Physician, General Practitioner, Intern, etc.)

MM/YYYY – PRESENT

Name of Practice/Hospital, City, Country

- Scope of your practice and demographics of patients you worked with
- Procedures, services and treatments regularly provided
- Any highlights during your time in this position

Position (i.e., Family Medicine Physician, General Practitioner, Intern, etc.)

MM/YYYY – MM/YYYY

Name of Practice/Hospital, City, Country

- Scope of your practice and demographics of patients you worked with
- Procedures, services and treatments regularly provided
- Any highlights during your time in this position

Position (i.e., Family Medicine Physician, General Practitioner, Intern, etc.)

MM/YYYY – MM/YYYY

Name of Practice/Hospital, City, Country

- Scope of your practice and demographics of patients you worked with
- Procedures, services and treatments regularly provided
- Any highlights during your time in this position

ELECTIVE EXPERIENCE

Position (i.e., Family Medicine Physician, General Practitioner, Intern, etc.)

MM/YYYY – MM/YYYY

Name of Practice/Hospital, City, Country

Position (i.e., Family Medicine Physician, General Practitioner, Intern, etc.)

MM/YYYY – MM/YYYY

Name of Practice/Hospital, City, Country

TECHINICAL & COMPUTER SKILLS

- i.e., Microsoft Office Suite, EMR software, etc.

LANGUAGES

- *i.e.*, English – Fluent
- French - Fluent