



FAMILY MEDICINE SPONSORSHIP PROGRAM

APPLICATION FORM

Application DEADLINE: September 1, 2024, 5:00pm AST

This application is open to medical students enrolled in a recognized Canadian Medical School who are to begin a family medicine residency program in 2026 and are interested in pursuing a career in Family Medicine.

To apply for this program the following documentation is required along with a completed application form:

- **Current curriculum vitae ;**
- **Latest official transcripts.** It is the responsibility of the applicant to ensure their educational institution provides the Recruitment and Retention Secretariat with their latest official transcripts (from all completed years of medical school);
- An **essay** (3-5 double-spaced pages) identifying why you believe you should be chosen to participate in the PEI Family Medicine Sponsorship Program, and what you would bring to the province as a new physician practicing in Prince Edward Island; and
- Three (3) **letters of reference** from clinical preceptors and/or medical school professors.

***Please note:** Preference will be given to Prince Edward Island residents.

In return for sponsorship funds to support educational expenses, and upon successful completion of family medicine residency training, the successful applicant must provide the province of PEI with a 5-year return-in-service commitment in an area of identified greatest need. Areas of greatest need will be identified by Health PEI and the Department of Health and Wellness, upon completion of residency training, candidate location preference will be taken into consideration. The student is required to sign a Return-in-Service agreement before any funds are issued. If these requirements are not met, the applicant shall be required to return the full amount of the sponsorship funds received plus interest as per the return in service contract.

Sponsorship recipients must be successful in passing all Canadian examinations and obtaining licensure with the College of Physicians and Surgeons of Prince Edward Island upon completion of residency. If these requirements are not met, the applicant shall be required to return the full amount plus interest on sponsorship funds received.

1. APPLICANT INFORMATION (Please Print)

| | | | |
|-----------------------------|------|--------|---|
| First Name _____ | | | |
| Middle Name _____ | | | |
| Last Name _____ | | | |
| Previous name if applicable | | | <i>Alternate Contact, excluding spouse and children (Mandatory)</i> |
| Number, Street, PO Box | | | Name and Telephone # |
| City | Prov | Postal | Number, Street, PO Box |

| | | | | |
|----------------|-----------------|----------------|-------|--------|
| Telephone# | Alternate Tel # | City | Prov. | Postal |
| E-Mail Address | | E-Mail Address | | |

2. ACADEMIC INFORMATION (Please Print):

a) Name of Canadian Medical School currently attending:

b) Year of study:

c) Anticipated graduation date:

4 RESIDENCE STATUS: I am a Canadian Citizen. Yes No

If no:

I am a landed immigrant or have permanent resident status. Yes No
(Please attach a copy of your certificate)

Note: To guarantee an applicant will be able to fulfill the terms of the agreement, you are required to be a Canadian Citizen or have landed immigrant or permanent resident status at the time of application.

What is your province of legal residence? _____

To be considered a resident of PEI, you must have graduated from a PEI high school, or are a dependent student whose parents are PEI residents, or have lived in PEI for greater than or equal to 12 months while NOT a student at any post-secondary institution.

6. DECLARATION BY APPLICANT:

- A) I hereby certify the information given on this application is complete and true in all respects.
- B) I declare that the PEI Department of Health and Wellness has my authorization to collect information about me and exchange information about me, as it considers necessary, from any level of government in Canada and education institutions. Any collection, use, or disclosure of personal information must be in accordance with the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1998, c. F-15.01.

Application Date

Student Signature

NOTE: Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy

Act R.S.P.E.I. 1988, c. F-15.01, as it relates directly to and is necessary for Family Medicine Sponsorship Program and will be used for this purpose. If you have any questions about this collection of personal information, you may contact the Recruitment and Retention Secretariat.

OTHER:

- It is your responsibility to ensure that all relevant information has been included or attached.
- Incomplete applications will not be considered.

ADDITIONAL INFORMATION:

- If you have questions or require assistance, please contact us by:
 - Telephone: 902-213-7916 or Fax: 902-620-3875
 - E-mail: drdesjardins@ihis.org
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PLEASE SCAN OR MAIL YOUR COMPLETED APPLICATION TO:

EMAIL SUBMISSION

Recruitment & Retention Secretariat

Subject Line: PEI Family Medicine Sponsorship Application

physicianrecruiter@gov.pe.ca

OR

MAIL SUBMISSION

Att: Dom Desjardins

Department of Health & Wellness

Government of Prince Edward Island

176 Great George Street

Suite 205, PO Box 2000

Charlottetown, PE C1A 7N8