

PGY3 Enhanced Skills Application

Name:

E-Mail Address:

Mailing Address:

Current University

Expected Completion
Date of Residency

Program I'm applying to:

- Category 2: Obstetrics
- Category 2: Self-Designed – Rural / Regional Self-Designed
- Category 2: Self-Designed – Research and Scholarship

Your Application
Package Should
Include:

- This Application Form
- Your CV
- Your Letter of Intent
- Program Director / Site Director Letter (Must be sent directly from program to fmpgy3@mcmaster.ca)*
- TWO Letters of Reference (Must be sent directly from program to fmpgy3@mcmaster.ca)*

*Please provide the names and e-mail addresses of the two referees and Program Director who will be sending letters of support to fmpgy3@mcmaster.ca