



# **AEROSPACE MEDICINE ELECTIVE**

## **Application Procedure and Forms**

To apply, please submit the following documentation:

- 1. A completed "Application for Aerospace Medicine Elective." Please ensure all relevant information is included in the application form. Any supplementary documents (e.g. curriculum vitae) will not be evaluated.
- 2. A separate statement of **no more than one typed page** addressing the following:
  - (a) why you wish to participate in this elective;
  - (b) how this elective relates to your future goals and career plans;
  - (c) how you hope to contribute to aerospace medicine in Canada.
- 3. A completed "Letter of Evaluation"
- 4. An official copy of your medical school transcript.
- 5. A letter from the elective coordinator of your medical school or program director of your residency program stating that: (a) you are a student/resident in good academic standing, and (b) your medical school/residency program has approved this elective for your individual course of study.

Mail all completed forms and application materials to:

Operational Space Medicine – Post-Graduate Training Canadian Astronaut Office John H. Chapman Space Centre 6767 Route de l'Aéroport Saint-Hubert, QC J3Y 8Y9

Complete application packages must be mailed no later than **May 1, 2006.** Applicants will receive an acknowledgment of receipt of their application by mail.

Applicants will be notified of the results of the selection by **June 30, 2006**. The results of the selection will also be posted on the website.

Please address any questions regarding the application process to: medicine@space.gc.ca

## **Privacy Notice**

Necessary measures have been taken to protect the confidentiality of the personal information you provide.

The information you provide is collected under the authority of the *Canadian Space Agency Act*. This information will be used for the selection of candidates for the Aerospace Medicine Elective.

Your personal information will be held in the CSA Personal Information Bank number (application made to Treasury Board Secretariat) for two years. It is protected under the *Privacy Act.* 

According to the Privacy Act, you have rights with respect to the information you submit. You may, upon request,

- be given access to your file
- have incorrect information corrected or have a notation attached.

For more information about your rights see <u>InfoSource</u>.



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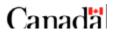
## **Application for Aerospace Medicine Elective**

Please type or print clearly in black ink only.

ELECTIVE APPLYING FOR (If you are applying for more than one elective, indicate your order of preference)    JSC Aerospace Medicine Clerkship (October    KSC Medical Education Program (October 2006)								
2006)								
			, L				0 (1	,
Family name:		Given nam	ne:		lr	nitials:		
Current mailin	g address (all correspo	ndence will	be mailed to th	nis address):	Т	elepho	ne:	
					F	ax:		
						mail:		
CITIZENSHIP								
Cana	adian citizen		Permanent res	ident of Canad	da		Other	
		Indicate co	ountry of citize	nship:				
				·				
ACADEMIC E	BACKGROUND	<u> </u>						
Degree	Name of discipline		Department,	institution and	l country		Start date (yyyy/mm)	Graduation date (yyyy/mm)
Bachelor								
Master								
M.D.								
Residency								
Doctorate								

PROTECTED WHEN COMPLETED

2006/2007



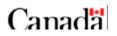




	Name:				
<b>WORK EXPERIENCE (not limited to medical work experience)</b> Position held and nature of work	Organization and	Period			
(begin with most recent)	department	(yyyy/mm–yyyy/mm			
, ,					

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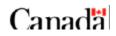
2006/2007







RESEARCH EXPERIENCE						
Position held and nature of work	Organization and department	Period (yyyy/mm–yyyy/mm)				
(begin with most recent)		(yyyy/mm–yyyy/mm)				





## PUBLICATIONS AND PRESENTATIONS

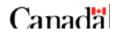


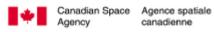






COMMUNITY SERVICE		
Position held and nature of work (begin with most recent)	Organization and department	Period (yyyy/mm–yyyy/mm)







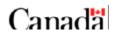
AVIATION OR SPACE RELATED ACTIVITIES, TRAIN	NING OR ASSOCIATIONS (e.g.,	
Activity, training or membership in association begin with most recent)	Organization	Period (yyyy/mm–yyyy/mm)







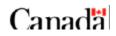
OTHER ACTIVITIES (e.g., competitive sports, diving, military service, leadership roles etc)				
ature of activity begin with most recent)	Period (yyyy/mm–yyyy/mm)			
	(уууу/шт–уууу/шт)			







AWARDS	
	Date received (yyyy)
Name of award (begin with most recent)	Date received (yyyy)





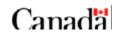




	Name:				
Have you or will you request or receive other government assistance for participating in this program?					
Yes	No				
Indicate source and level of assistance					
Are you a former public servant who falls under the Value an	d Ethics Code for the Public Service?				
Yes	No				
LANGUAGE OF CORRESPONDENCE					
English	French				
SIGNATURE					
	package is complete and accurate, and I understand that to ay result in denial of admission. Should any of the information Il immediately notify the Canadian Space Agency.				
APPLICANT'S SIGNATURE:					
DATE					
DATE:					

Please indicate how you heard about this program:

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# AEROSPACE MEDICINE ELECTIVE

Letter of Evaluation

This section is to be completed by the applicant

Name of applicant:	
Signature of applicant:	Date:

## This section is to be completed by the evaluator

The Canadian Space Agency would be grateful if you would kindly give us your candid evaluation of this applicant. Please complete and return this form to:

Operational Space Medicine – Post-Graduate Training Canadian Astronaut Office John H. Chapman Space Centre 6767 Route de l'Aéroport Saint-Hubert, QC J3Y 8Y9

- 1. How long, and in what capacity, have you known the applicant?
- 2. Please indicate your opinion of the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages of their careers.

	Excellent	Very good	Good	Average	Below Average	No opportunity to observe
Knowledge						
Knowledge in his/her field						
Attitude towards learning						
Research						
Aptitude for research						
Ability to think analytically						
Interpersonal Skills	1			1	1	
Ability to work with superiors						
Ability to work in a team						
Ability to interact with patients						
Communication/Education						
Ability to communicate						
information, knowledge and						
ideas						
Motivation to educate others						
Other						
Initiative						
Leadership skills				1		
Ability to work independently						
Open-mindedness						

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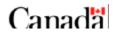




3. In addition to the answers provided above, please elaborate on your evaluation of the applicant's abilities and potential for success in the Aerospace Medicine Elective.

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4. Please indicate your overall endorsement of the applicant:



Recommend

Recommend highly

Recommend with reservation

Name of evaluator:	
Position/title:	
Organization:	
Address:	
Telephone:	Fax:
Signature of evaluator:	Date:

Thank you for your time.

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