

## 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](mailto: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 [InfoSource](#).

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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)			
<input type="checkbox"/> JSC Aerospace Medicine Clerkship (October 2006)	<input type="checkbox"/> KSC Medical Education Program (October 2006)	<input type="checkbox"/> JSC Aerospace Medicine Clerkship (April 2007)	<input type="checkbox"/> KSC Medical Education Program (April 2007)

APPLICANT INFORMATION		
Family name:	Given name:	Initials:
Current mailing address (all correspondence will be mailed to this address):		Telephone:
		Fax:
		Email:

CITIZENSHIP		
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Permanent resident of Canada	<input type="checkbox"/> Other
Indicate country of citizenship:		

ACADEMIC BACKGROUND				
Degree	Name of discipline	Department, institution and country	Start date (yyyy/mm)	Graduation date (yyyy/mm)
Bachelor				
Master				
M.D.				
Residency				
Doctorate				

PROTECTED WHEN COMPLETED



Name:

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

PROTECTED WHEN COMPLETED



Name:

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

PROTECTED WHEN COMPLETED



Name:

**PUBLICATIONS AND PRESENTATIONS**

Empty box for listing publications and presentations.

PROTECTED WHEN COMPLETED



Name:

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

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Name:

**AVIATION OR SPACE RELATED ACTIVITIES, TRAINING OR ASSOCIATIONS (e.g., pilot, International Space University)**

Activity, training or membership in association (begin with most recent)	Organization	Period (yyyy/mm–yyyy/mm)

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Name:

**OTHER ACTIVITIES** (e.g., competitive sports, diving, military service, leadership roles etc)

Nature of activity  
(begin with most recent)

Period  
(yyyy/mm–yyyy/mm)

PROTECTED WHEN COMPLETED



Name:

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

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**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 and Ethics Code for the Public Service?**

Yes

No

**LANGUAGE OF CORRESPONDENCE**

English

French

**SIGNATURE**

I certify that the information given in this application package is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. Should any of the information I have given change prior to my entry into the program, I shall immediately notify the Canadian Space Agency.

APPLICANT'S SIGNATURE:

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***

<b>Name of applicant:</b>	
<b>Signature of applicant:</b>	<b>Date:</b>

***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
<b>Knowledge</b>						
Knowledge in his/her field						
Attitude towards learning						
<b>Research</b>						
Aptitude for research						
Ability to think analytically						
<b>Interpersonal Skills</b>						
Ability to work with superiors						
Ability to work in a team						
Ability to interact with patients						
<b>Communication/Education</b>						
Ability to communicate information, knowledge and ideas						
Motivation to educate others						
<b>Other</b>						
Initiative						
Leadership skills						
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 highly
- Recommend
- Recommend with reservation

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

Thank you for your time.

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