

MEDICAL RESIDENCY DEBT REDUCTION PROGRAM APPLICATION

GENERAL Sponsorship is contingent on 2 full years (1950 hours or calendar anniversary date) of Medical Service in Prince Edward Island

NAME _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

PRESENT ADDRESS _____

TELEPHONE _____ **FAX** _____ **e-mail** _____

MEDICAL SCHOOL _____ **YEAR** _____

RESIDENCY PROGRAM _____ **YEAR** _____

EXPECTED DATE FOR COMPLETION OF SPECIALITY _____

MARITAL STATUS _____ **No. CHILDREN** _____

CAREER OF SPOUSE _____

CAREER PLANS _____

Completed application should be forward to:

Sheila MacLean
Physician Recruitment/Medical Education Coordinator
16 Garfield Street
P. O. Box 2000
Charlottetown, PE C1A 7N8
Phone No. (902) 368-6302
Fax No. (902) 368-6136
smmaclean@ihis.org