

## UNIVERSITY OF TORONTO HAND FELLOWSHIP APPLICATION FORM

LAST NAME	GIVEN NAMES
PERMANENT ADDRESS	
PRESENT ADDRESS (if different than permanent)	
PHONE NUMBER	
EMAIL ADDRESS	
PLEASE INDICATE DESIRED TRAINING PERIOD	
RESIDENCY SPECIALTY	
RESIDENCY COMPLETION DATE	
FELLOWSHIP TRAINING (if any)	
Are you eligible for an Ontario Billing Number?	Yes                  No
Funding source if other than OHIP	
Are you entitled to work in Canada?	Yes                  No
How much microsurgical experience do you have?	
Please rate your English writing skills	
Please rate your English verbal skills	
Where do you hope to practice after your fellowship training?	
What goals do you hope to achieve through this fellowship?	