



Canadian Dermatology Association Association canadienne de dermatologie

Application for International Membership

PERSONAL INFORMATION

Full name *(If you prefer to use a nickname, please add)* _____

Gender: Male Female

Last *First* *Middle*

Name to appear on correspondence _____

Date of Birth _____ / _____ / _____ Citizenship _____
Day *Month* *Year*

Office address _____

Tel no _____ Fax no _____

Email _____

MEDICAL SCHOOL NAME AND YEAR OF GRADUATION

(Please attach a photocopy of medical license(s), as well as translation of document, if other than English or French)

Year _____

OTHER UNIVERSITIES AND DEGREES OBTAINED

Institution _____ Country _____ Degree _____ Year _____

Institution _____ Country _____ Degree _____ Year _____

Institution _____ Country _____ Degree _____ Year _____

RESIDENCY TRAINING List the institution(s) of residency and years training began and completed

Institution _____ Country _____ Position _____ Year _____

Institution _____ Country _____ Position _____ Year _____

Institution _____ Country _____ Position _____ Year _____

Institution _____ Country _____ Position _____ Year _____

Institution _____ Country _____ Position _____ Year _____

FELLOWSHIPS

Institution _____ Year obtained _____

Institution _____ Year obtained _____

ADDITIONAL POSTGRADUATE EDUCATION

Institution _____ Country _____ Position _____ Years _____

TEACHING APPOINTMENTS

Institution _____ Country _____ Position _____

Institution _____ Country _____ Position _____

MEMBERSHIP ON HOSPITAL STAFFS

MEMBERSHIP IN MEDICAL SOCIETIES

DERMATOLOGY CERTIFICATION *(Please attach a photocopy of dermatology certification papers, as well as translation of document, if other than English or French)*

International Boards: _____ Year _____

_____ Year _____

Fellowship in RCPSC _____ Year _____

CSPQ _____ Year _____

Diplomate of American Academy of Dermatology _____ Year _____

Dermatology - pathology boards _____ Year _____

Others _____ Year _____

Medical Licensure _____

REFERENCES: Two CDA members in good standing, if available

Name _____ Tel no _____

Name _____ Tel no _____

AREAS OF SPECIAL INTEREST _____

Preferred language of correspondence with CDA English French

The International Membership designation is no longer applicable if candidate moves to Canada or the United States.

Signature _____ Date _____