

Application for Membership

Association of International Medical Doctors of British Columbia (AIMD BC)

www.aimdbc.com

PLEASE PRINT CLEARLY

I. CONTACT INFORMATION

First Name	Nick Name	Initial	Last Name
Address			City
			Postal Code
Email		Confirm Email Address	
		Fax	
Home Phone	Work Phone	Cell Phone	

II. PERSONAL INFORMATION

Age:	Gender:	Date of Arrival in Canada:
Country of Birth:	Nationality:	Languages Spoken:
Residency Status: Refugee Claimant <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Canadian Citizen <input type="checkbox"/>		
Dependants: Spouse Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Dependant Children _____		

III. MEDICAL EXPERIENCE

Degree(s) and Training:	Years (from-to):
Country/countries of Medical Training:	University/ Institute:
	# of years as a <i>practicing</i> medical doctor:
Medical Specialization:	# of years as a <i>practicing</i> medical specialist:

IV. CANADIAN and USA LICENSING EXAMS

EXAM	Date Passed	EXAM	Date Passed
MCCEE		USMLE 1	
MCCQE Part 1		USMLE 2	
MCCQE Part 2		CSA (US Clinical Exam)	
TOEFL		TSE	

Are you planning on writing exams in the future? Undecided Yes No

If yes, what exams will you write: _____

Are you studying for exams now, or will you be studying within the next year? Yes No

Are you thinking about alternatives to becoming a medical doctor again? Yes No

Do you have a Canadian medical license of some sort? Yes No

If yes, what kind of license and for what province? _____

V. INTERNATIONAL MEDICAL GRADUATE RESIDENCY PROGRAM AT ST. PAUL'S HOSPITAL

	Date Passed or Entered Program	Details
Written Exam		
OSCE Exam		
Training Program		
Residency		

VII. CANADIAN RESIDENT AND MATCHING SERVICE (CaRMS) and US RESIDENCIES

	CaRMS Please provide date(s)	USA Residencies Please provide date(s)	Details
Have you applied for residencies in other provinces or in the USA?			
Have you had interviews?			
Have you been accepted?			If yes, where are you practicing?

VIII. EMPLOYMENT

*This section is optional. Please note, however, that the data collected is important for AIMD BC's advocacy purposes to demonstrate underemployment of our members. All information is kept confidential.

Have you been employed in the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list the paid work that you have done in the past year?	
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your job?	
Have you volunteered in a health related field in the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what did you volunteer in?	
Have you furthered your education since coming to Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what courses, certificates, degrees or diplomas have you done?	

If AIMD BC offered workshops/counseling on getting employment in medically related fields would you be interested in attending? Yes No

If AIMD BC assisted in organizing study groups for the MCCEE and MCCQE 1 exams would you be interested in attending? Yes No

IX. SIGNATURE (Please sign and date)

I affirm that the information that I have provided is true and correct and that I am legally able to work in Canada

Signature: _____ Date: _____ Location: _____

ENSURE YOU ALSO FAX A COPY OF YOUR MEDICAL DEGREE WITH APPLICATION