



Enhanced Language Training for Pharmacists

Summer and Fall 2011

LEGAL SURNAME (last name)

LEGAL GIVEN NAME (first and middle)

Courses and Dates	Deadline for Submitting Application
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Please indicate your preferred date and time

Summer - Toronto

- June 7 to August 18, 2011 (Tuesdays and Thursdays, 9 am to 12 pm) or
- June 6 to August 22, 2011 (Mondays and Tuesdays, 6 pm to 9 pm - Aug 1st is a holiday)

Fall - Toronto

- October 4 to December 15, 2011 (Tuesdays and Thursdays, 9 am to 12 pm) or
- October 3 to December 19, 2011 (Mondays and Wednesday, 6 pm to 9 pm – Oct 10th is a holiday)

(Courses will be held upon sufficient enrollment)

Course Fee: \$100

Accepted methods of payment are money order, bank draft or certified cheque payable to the University of Toronto, or by credit card by calling 416-946-0660.

Completion of this Application Requires:	
<input type="checkbox"/>	Copy of Identity / Canadian Status Documents
<input type="checkbox"/>	Copy of Pharmacy Degree

APPLICATION FORM (Please PRINT all information)

PART I – PERSONAL INFORMATION	
PREFERRED TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other (specify) _____	
LEGAL SURNAME (last name):	LEGAL GIVEN NAME(s) given in full:
DATE OF BIRTH (mm/dd/yy):	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
COUNTRY OF BIRTH:	MOTHER TONGUE:
PERMANENT HOME ADDRESS (Provide FULL address – if applying from outside Canada include country) Street Address: _____ City: _____ Province/State: _____ Country: _____ Postal Code: _____ PHONE NUMBER at this address (include area code): () _____ - _____	
E-MAIL ADDRESS _____@_____	
HOW DID YOU HEAR ABOUT THE ENHANCED LANGUAGE TRAINING COURSE: <input type="checkbox"/> Friend/Family <input type="checkbox"/> Web (Specify) _____ <input type="checkbox"/> Email <input type="checkbox"/> Other (Specify) _____	
STATUS IN CANADA <input type="checkbox"/> Canadian Citizen, Client # _____ <input type="checkbox"/> Permanent Resident/Landed Immigrant, Client # _____ <input type="checkbox"/> Application for Permanent Residence status, File # _____ <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Refugee/Protected Person <input type="checkbox"/> Other (Specify) _____	
IF YOU HAVE RECEIVED OTHER CITIZENSHIP AND IMMIGRATION SERVICES PLEASE CHECK ALL THAT APPLY. <input type="checkbox"/> ISAP <input type="checkbox"/> HOST <input type="checkbox"/> LINC <input type="checkbox"/> RAP	

EDUCATION
ACADEMIC INSTITUTION ATTENDED:
COUNTRY:

EDUCATION continued**YEAR OF GRADUATION:****SECONDARY TRAINING:****DEGREE OBTAINED:****TOTAL NUMBER OF YEARS OF POST-SECONDARY TRAINING:****HIGHEST LEVEL OF EDUCATION OBTAINED:**

ARE YOU CURRENTLY ENROLLED IN, OR HAVE RECENTLY BEEN ENROLLED IN, ANY OTHER COURSES? No Yes

PROVIDE A BRIEF DESCRIPTION ON THE PROGRAM OF STUDY _____

NAME OF INSTITUTION? _____

DID YOU RECEIVE A DIPLOMA, CERTIFICATE, OR DEGREE? No Currently in progress

Yes (If yes please specify) _____

WORK EXPERIENCE

DID YOU PRACTICE PHARMACY PRIOR TO ARRIVING IN CANADA?

No Yes (If yes, what was you last year of practice? _____)

OCCUPATION/PROFESSION PRIOR TO ARRIVING IN CANADA:
NUMBER OF YEARS OF EXPERIENCE IN THIS PROFESSION:
PLACE OF EMPLOYEMENT:
COUNTRY:

ARE YOU CURRENTLY EMPLOYED?
CURRENT OCCUPATION:
TITLE OF CURRENT POSITION:
EMPLOYEMENT PERIOD:
PLACE OF EMPLOYEMENT:

No Yes

HAVE YOU HAD AN UNPAID INTERNSHIP IN YOUR FIELD IN CANADA? No Yes

HAVE YOU RECEIVED MENTORING IN YOUR FIELD IN CANADA? No Yes

WORK EXPERIENCE continued

WOULD YOU BE INTERESTED IN RECEIVING MENTORSHIP? No Yes

HAVE YOU HAD PAID WORK IN AN UNRELATED FIELD IN CANADA? No Yes

HAVE YOU VOULUNTEERED IN AN UNRELATED FIELD IN CANADA? No Yes

PART II – ADMISSIONS REQUIREMENT

The requirements for admission to the Enhanced Language Program are:

1. **Applicant must be an International Pharmacy Graduate OR other International Health Professional. Please note that priority is given to pharmacists, other healthcare professionals will be placed on a waiting list.**
2. **Copies of your status documents and degree must be submitted with this application. Applicants will be notified by email regarding their enrollment into the program once their application has been processed.**

CONSENT

I hereby certify that I understand the requirements for admission to the ELT program and that ALL information contained in this application is correct and complete.

The name shown at the top of the application is the complete name by which I am legally and correctly known.

I consent to the collection, use, and disclosure by the International Pharmacy Graduate Program of all personal information contained in these application materials, or reasonably arising from these application materials, for the limited purposes of processing the application, compiling general statistical information, and administering any and all programs and processes under the auspices of the IPG Program.

Signature of Applicant

Date

The completed application form may be dropped off at:

IPG Program Office – 256 McCaul Street, 4th Floor, Room 401

or mailed to:

IPG Program ELT Admissions
Leslie Dan Faculty of Pharmacy
144 College St
Toronto, ON M5S 3M2

or

faxed to: 416-946-8168