



# Medical Communication Assessment Project

## 2010 APPLICATION FORM

### STEPS FOR APPLICATION TO MCAP:

**STEP 1:**

Fill out 2010 Application Form

**STEP 2:**

Print 2 copies of 2010 Application Form (1 for your own records; 1 to be mailed to MCAP along with mandatory documents)

**STEP 3:**

Click enter. Your form should automatically be submitted to [mcap@ucalgary.ca](mailto:mcap@ucalgary.ca) to notify the program of your intentions to apply to the program. The administrative assistant will open up a file for you and look for copies of the mandatory documents that you will need to send or drop off in order for your application to be complete.

**STEP 4:**

Print & Sign 2010 Application Declaration Form

**STEP 5:**

Mail or drop off the following forms to G32 Community Health Sciences, Health Sciences Centre, 3330 Hospital Drive NW, Calgary, AB, T2N 4N1:

- An original signed copy of the application declaration form
- A printed copy of the 2010 application form
- Copies of the mandatory documents

If you have questions, please contact MCAP's Administrative Assistant, Bonnie Phuong by phone at 403-210-7640 or by email at [mcap@ucalgary.ca](mailto:mcap@ucalgary.ca).

### **APPLICATION DEADLINE FOR INTAKE 1 - CALGARY IS JANUARY 4, 2010.**

All applicants with a complete application file will be scheduled for a 15 minute interview between the dates of January 5 through to January 8. Interviews will take place at UofC, Health Sciences Centre.

Applicants that are accepted into Intake 1 will be notified on January 11, 2010. Intake 1 is scheduled to start on February 1, 2010.

### **APPLICATION DEADLINE FOR INTAKE 2 - EDMONTON IS JANUARY 15, 2010.**

All applicants with a complete application file will be scheduled for a 15 minute interview between the dates of January 18 through to January 22.

Applicants that are accepted in to Intake 2 will be notified on February 1, 2010. Intake 2 is scheduled to start on April 5, 2010.



# Medical Communication Assessment Project

## 2010 APPLICATION FORM

I am applying for:		
<input type="checkbox"/> Intake 1 (Calgary) February 1 to March 26 (Weeks 1 to 8); April 5 to May 28 (Weeks 9 to 16)		
<input type="checkbox"/> Intake 2 (Edmonton) April 5 to May 28 (Weeks 1 to 8); June 7 to July 30 (Weeks 9 to 16)		
<b>PART I: CONTACT INFORMATION</b>		
First Name:		
Middle Name(s):		
Last Name:		
Preferred Name (if applicable):		
Mailing Address:		
Town/City:	Province:	Postal Code:
Phone:	Cell Phone:	Email address:
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email		
<b>PART II: BACKGROUND INFORMATION</b>		
Country of Origin:		
Languages that you are proficient in:		
1.	<input type="checkbox"/> Speak/Understand, <input type="checkbox"/> Read, <input type="checkbox"/> Write	
2.	<input type="checkbox"/> Speak/Understand, <input type="checkbox"/> Read, <input type="checkbox"/> Write	
3.	<input type="checkbox"/> Speak/Understand, <input type="checkbox"/> Read, <input type="checkbox"/> Write	
What do you consider to be your dominant language?		
What culture do you most associate with?		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/yyyy):	Age:
At the current time, I am:		
<input type="checkbox"/> employed full-time - Type of employment:		
<input type="checkbox"/> employed part-time - Type of employment:		
<input type="checkbox"/> employed casually - Type of employment:		
<input type="checkbox"/> unemployed and seeking employment		
<input type="checkbox"/> unemployed and not seeking employment		
<input type="checkbox"/> Full-time Student - Type of program:		
<input type="checkbox"/> Part-time Student - Type of Courses:		
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (e.g. Common-law)		
Do you have children at home living with you?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (How many:	Ages: )

**PART III: CITIZENSHIP STATUS**

Immigrated to Canada under the following category:

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Refugee Class     |
| <input type="checkbox"/> | Family Class      |
| <input type="checkbox"/> | Independent Class |
| <input type="checkbox"/> | Other             |

Immigrated to Canada on the following date (mm/yyyy):

Current Status:

- |                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Canadian Citizen   |
| <input type="checkbox"/> | Permanent Resident |
| <input type="checkbox"/> | Other              |

Immigration ID#:

*(Please provide one of the following: 8 digit numeric client ID number, IMM1000 on Record of Landing, IMM 5292 number, or IMM 5509 number, Temporary Resident permit number, or Ministerial permit number. This information is required by our funders for reporting purposes. All information provided is confidential.)*

**PART IV: LANGUAGE PROFICIENCY**

Which assessments have you taken to demonstrate your level of English Language Proficiency?

**(CLBA) Canadian Language Benchmarks Assessment (Minimum of benchmark 7 is required)**

Date of assessment:

Listening/Speaking:

Reading:

Writing:

**(ELTPA) Enhanced Language Training Placement Assessment (Minimum of benchmark 7)**

Date of assessment:

Listening:

Speaking:

Writing:

Reading:

**(IELTS) International English Language Testing Services (Minimum score of 6.5 is required)**

Date of assessment:

Overall score:

Listening:

Speaking:

Writing:

Reading:

**(IBT) Internet Based TOEFL (Minimum score of 90 is required)**

Date of assessment:

Overall score:

Listening:

Speaking:

Writing:

Reading:

**Please submit a copy of the results for the language assessments that you have taken. Test results as of January 01, 2009 to now are valid for application to M-CAP. Any one of the four assessments listed above is acceptable for application to M-CAP.**

**PART V: MEDICAL EXAMINATIONS**

<b>MANDATORY EXAMINATIONS</b>	<b>MCC ID#:</b>
<b>(MCCEE) Medical Council of Canada Evaluating Exam</b>	
Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: _____ Date: _____
<b>(MCCQE1) Medical Council of Canada Qualifying Exam Part 1</b>	
Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: _____ Date: _____

**Please note that MCCEE and the MCCQE1 are an application requirement. You must submit a copy of results for the MCCEE and MCCQE1 exams.**

<b>OTHER EXAMINATIONS</b>		
<b>(MCCQE2) Medical Council of Canada Qualifying Exam Part 2</b>		
Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: _____	
Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Are you currently registered to take the MCCQE2? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>(OSCE) Objective Structured Clinical Examination</b>		
Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: _____	
Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Other Canadian or U.S. medical assessments:		
<input type="checkbox"/> USMLE Step 1	Score: _____	Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> USMLE Step 2	Score: _____	Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> USMLE Step 3	Score: _____	Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:	Score: _____	Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PROFESSIONAL WORK HISTORY</b>					
Total number of years in practice outside of training: _____					
Countries of practice: _____					
Type of workplace setting (check all that apply):			You are a:		
<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> General Practitioner			
<input type="checkbox"/> University	<input type="checkbox"/> Hospital	<input type="checkbox"/> General Practitioner with Specialty Area			
<input type="checkbox"/> Clinic	<input type="checkbox"/> Military	<input type="checkbox"/> Specialist			
<input type="checkbox"/> Other:		Area of Specialization:			
Do you hold a license by the CPSA (College of Physicians and Surgeons of Alberta)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, type of license: _____					
Do you belong to any professional associations?					
<input type="checkbox"/>	AMA (Alberta Medical Association)				
<input type="checkbox"/>	CCFP (Canadian College of Family Physician)				
<input type="checkbox"/>	AIMGA (Alberta International Medical Graduate Association)				
<input type="checkbox"/>	Other: _____				

**PART VI EDUCATIONAL BACKGROUND****Undergraduate Medical Training (excluding residency/internship)**

Name of university or affiliation:

Country of medical training:

Language of medical instruction:

Length of training (# of years):

Year of completion:

Name of degree obtained (MD, MBBS, MBBCH, Other):

**Residency/Internship**

Name of university or affiliation:

Country of residency training:

Language of medical instruction:

Length of residency training:

# of years:

and/or # of months:

Completed?  Yes  No

Year of completion:

Area of Specialization:

**Post-Graduate Residency and/or Specialty Training (if applicable)**

Name of university or affiliation:

Country of specialty training:

Language of medical instruction:

Length of specialty training:

# of years:

and/or # of months:

Completed?  Yes  No

Year of completion:

Area of Specialization:

**Continuing Medical Education Courses**

Name of courses and/or certificates received (e.g. ALS):

## 2010 MCAP APPLICATION REQUIREMENTS

### SUBMIT THIS SHEET ALONG WITH YOUR DOCUMENTS FOR APPLICATION TO MCAP.

#### Program Description

The Medical Communication Assessment Project (MCAP) is a program for immigrant International Medical Graduates (IMGs) in Alberta seeking licensure. The project's purpose is to increase participants' communication and socio-cultural skills for employment within a Canadian medical context. The program introduces participants to information that is relevant to medical practice in Canada and better prepares participants for next steps towards licensure. The program is full-time and 16 weeks in duration. Weeks 1-8 consist of an in-class training component. Weeks 9-16 consist of a workplace training component.

#### Checklist for **Mandatory Documents** (check those that you have submitted)

- Application Form
- MCCEE Results
- MCCQE Part 1 Results
- Medical Degree(s) translated into English
- Permanent Resident or Citizenship Card (copy front & back)
- Proof of language proficiency (A copy of 1 of the following: ELTPA, CLBA, IELTS, or IBT)

#### Checklist for **Other Optional Documents** (check those that you have submitted)

- Resume
- Name Change Documents
- MCCQE Part 2 Results and/or registration letter to sit the examination in the upcoming year
- AIMG Program OSCE results
- Other Medical Examination Results done within Canada or the United States

*Please note that a passing score on the MCCQE Part 2 or the AIMG Program OSCE or other medical examinations is not required for application to MCAP.*

## 2010 MCAP APPLICATION DECLARATION

### Please read the following statements carefully and sign below.

- I certify that all of the information and documents submitted on my behalf for application to MCAP are true, complete, and correct.
- I certify that I have read the program description above and accept that MCAP is a 16 week, full-time program.
- I certify that I am a resident of Alberta. I have been living in Alberta as of (mm/yyyy): \_\_\_\_ / \_\_\_\_\_
- I accept that if I am accepted into the program and absent for 3 or more days, I may be asked to withdraw from the program.

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**Signature**

**Printed Name**

**Date**

**For more information:** Phone: 403-210-7640; E-mail: [mcap@ucalgary.ca](mailto:mcap@ucalgary.ca); Website: [www.m-cap.ca](http://www.m-cap.ca)  
Office: G32 Community Health Sciences Centre, 3330 Hospital Drive NW