

## Department of Family Medicine Residency Program

### Concurrent MSc / Family Medicine Residency Application Form

**Instructions:**

1. complete all sections of the application form
2. save as "MSc 2017 – last name, first name"
3. submit to: Kristi Rosko, Team Lead Residency Program - [Kristi.Rosko@ahs.ca](mailto:Kristi.Rosko@ahs.ca)

The Selection Committee will review your CaRMS application as part of your application to the Concurrent MSc / Family Medicine Residency Program. Please use this application form to expand upon any information and/or provide new information from your CaRMS application. Please do not duplicate data.

Name:	
Research experience:	<i>Include only details that are NOT reflected in your CaRMS application.</i>
Publications on which you are an <b>author</b> :	<i>Include only details that are NOT reflected in your CaRMS application.</i>
Abstracts on which you are an <b>author</b> :	<i>Include only details that are NOT reflected in your CaRMS application.</i>
Publications / abstracts on which you are <b>acknowledged</b> :	<i>Include only details that are NOT reflected in your CaRMS application.</i>
How will this Master's degree help you meet your career and/or personal goals?	
Topics you are interested in pursuing as a research area:	
Community Health Sciences MSc stream in which you are interested:	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Biostatistics  <input type="checkbox"/> Community Rehab and Disability Studies  <input type="checkbox"/> Epidemiology  <input type="checkbox"/> Health Economics         </div> <div style="width: 50%;"> <input type="checkbox"/> Health Services Research  <input type="checkbox"/> Medical Education  <input type="checkbox"/> Population/Public Health         </div> </div>