



**SETTLEMENT AND INTEGRATION SERVICES ORGANIZATION**  
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## **Career Transitions for International Medical Doctors Intake Form**

**Name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Sex:** O M O F

**Length of time in Canada:** 1 year or <  1-3 years  3-5 years:  >5years

**Immigration Class:** Independent-professional/trades  Family sponsored   
Independent-Business:  Convention Refugees:  Other:

**Occupation:** TITLE \_\_\_\_\_

**Years in Canada not practicing occupation:** \_\_\_\_\_

**Country of highest level of education:** \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_

**Social Assistance:** **Yes** **No**

**Are you on or have you received EI in the past 3 years?** **Yes** **No**

**Have you been on parental or maternal leave in the past 5 years?** **Yes** **No**

1. **Do you have a medical degree?** **Yes** **No**  
**Are you licensed to practice in another country?** **Yes** **No**

**University/College:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Year Completed:** \_\_\_\_\_

**Can transcripts be obtained?** **Yes** **No**

**Other degrees:**

**University/College:** \_\_\_\_\_

**Country:** \_\_\_\_\_

Degree / Subject: \_\_\_\_\_  
Year Completed: \_\_\_\_\_  
Can transcripts be obtained? **Yes** **No**

University/College: \_\_\_\_\_  
Country: \_\_\_\_\_  
Degree / Subject: \_\_\_\_\_  
Year Completed: \_\_\_\_\_  
Can transcripts be obtained? **Yes** **No**

**2. How long did you practice in your field?**

1-2 years  3-5 years  6-10 years  10+ years  Never

**3. In what year did you last practice medicine?** \_\_\_\_\_

**4. CANADIAN and US 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? \_\_\_\_\_

**5. Have you had your degree(s) evaluated in Canada or the US? Yes No**

Name of Institution: \_\_\_\_\_  
Date evaluated: \_\_\_\_\_  
Results: \_\_\_\_\_

**6. In Canada, have you taken any courses or training related to your professional field? Yes No**

Course(s): \_\_\_\_\_  
Institution: \_\_\_\_\_

**7. Are you currently employed? Yes No**

Description of position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. How would you assess your French/English skill level?**

**English:** Basic  Intermediate  Advanced

**French:** Basic  Intermediate  Advanced

Mother Tongue: \_\_\_\_\_

Other Languages: \_\_\_\_\_ Basic  Intermediate  Advanced

\_\_\_\_\_ Basic  Intermediate  Advanced

\_\_\_\_\_ Basic  Intermediate  Advanced

\_\_\_\_\_ Basic  Intermediate  Advanced

**9. How did you find out about the ITP *Career Transitions* program?**

LINC / ESL class  Ontario Works  Settlement Agency

Family / Friend  Media / Flyer  Other  \_\_\_\_\_

**10. Is there any other information that you feel we should know about your professional training and/or experience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>(Office Use Only)</b>			
Counsellor's Name:		Counsellor's Initials:	
<b>Language Assessment Results</b>			
Writing:	Reading:	Listening:	Speaking: