



Career Transitions for International Medical Doctors Intake Form

Last Name _____ First: _____

Address: _____

Tel: _____ Email: _____ Sex: M F

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

Immigration Program: Family sponsored Convention Refugees:

Independent-Business: Independent-professional/trades

Other: _____

Country of Origin: _____

Occupation in Country of Origin: _____

Years in Canada not practicing occupation: _____

Are you currently on 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:

(a) University/College: _____

Country: _____

Degree / Subject: _____

Year Completed: _____

Can transcripts be obtained? Yes No

(b) University/College: _____
 Country: _____
 Degree / Subject: _____
 Year Completed: _____
 Can transcripts be obtained? Yes No

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

Name of Evaluating Agency: _____
 Date evaluated: _____
 Results: _____

3. How long did you practice in your field?

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

4. What year did you last practice medicine? _____

5. CANADIAN & US LICENSURE EXAMS

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

6. In Canada, have you taken any courses or training related to the field of health care? Yes No

Course(s): _____
 Institution: _____
 Course(s): _____
 Institution: _____

7. Are you currently employed? Yes No

Describe position: _____

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

English: Basic Intermediate Advanced

French: Basic Intermediate Advanced

Mother Tongue: _____

Other Languages: _____

9. Computer Skills: Word , Excel , Powerpoint , database , Email , Internet , Other _____

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

