

**APPLICATION FOR REGISTRATION  
ON THE EDUCATION REGISTER**

**Please attach a recent passport-sized photo of  
yourself, to this application. Please sign the  
back of the photo.**

Note: please print all information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    Apartment/House #           Street                      City/Town   Province                      Postal Code

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

UNIVERSITY CURRENTLY ATTENDING: \_\_\_\_\_

**LOCATION AND DATES OF PLANNED TRAINING IN NUNAVUT**

Hospital/Clinic/Facility \_\_\_\_\_ Baffin Regional Hospital, Iqaluit, NU \_\_\_\_\_

Dates of Training in Nunavut \_\_\_\_\_

Name of Supervising Physician in Nunavut \_\_\_\_\_

Description of Training: \_\_\_\_\_  
(training is restricted to area of practice of the supervising physician)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

This personal information is being collected under the authority of the Medical Profession Act and will be used to process this application for registration. It is protected by the privacy provisions of the information and Protections of Privacy Act.