**SECTION A. INDIVIDUAL APPLICATION**

1. **ADMINISTRATIVE INFORMATION**

**INDIVIDUAL**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: Ontario Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2nd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Business Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_\_ Cell: (\_\_\_\_\_)-\_\_\_\_-\_\_\_\_\_\_

Years in Practice: \_\_\_\_\_\_\_\_\_ Present Leadership(s) Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTITUTION OF PRACTICE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: Ontario Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)-\_\_\_\_-\_\_\_\_\_ ext.\_\_\_\_\_\_ Fax: (\_\_\_)-\_\_\_\_-\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **LEADERSHIP ACTIVITIES (past, present, and future)**

Please list your ‘leadership experiences’ according to the following sections.

| **Medical School and Residency** |
| --- |
|  |
| **Business** |
|  |
| **Hospital** |
|  |
| **Provincial** |
|  |
| **Other and/or Community** |
|  |

1. **CAREER PLANS**

Please list your future career plans with an emphasis on leadership positions. Please include any anticipated leadership positions including start dates.

1. **SPECIAL RECOGNITION, AWARDS, HONOURS, SCHOLARSHIPS**

Describe any special recognition, awards and/or honours, or scholarships you may have received.

1. **LEADERSHIP SUPPORT**

Please describe any financial support you are presently receiving for leadership development. The program recognizes the need for multiple sources and special emphasis may be granted to individuals who have outside and potentially matching sources of support. A separate page may be attached to the questionnaire including letters describing other sources of leadership support.

1. **ADDITIONAL INFORMATION**

If you wish to provide additional information (not already stated), please include it here (up to a maximum of 200 words).

1. **Reimbursement:**

Successful applicants will receive 50% of the award upon commencement of the course and the remaining 50% of the award upon receiving a Summation Report describing the event/course including what was learned, how it will impact present or future leadership roles, and related comments. The Summation Report must be submitted within 60 days of completion of the event to be eligible for the remaining 50% support. Failure to submit a report in this timeframe will result in forfeiture of the remaining amount of the award.

Ontario's Anesthesiologists' policy allows up to $1,500 out of a $5,000 scholarship to be used toward accommodation and transportation. Only economy class fares by the most direct and economical routing will qualify. To obtain a full reimbursement, all receipts must be provided.

1. **REFERENCES (Please submit a maximum of two references)**

Reference 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ATTESTATION AND RECOMMENDATION (must be completed for consideration)**

**I certify that my responses are true and factual. I also agree to provide a report within 60 days of the scheduled completion of the activity.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please submit your completed form and supporting documents to** [info@ontariosanesthesiologists.ca](mailto:info@ontariosanesthesiologists.ca)