

MOTP Surge Checklist

First Name:		
Last Na	ame:	
Preferr	red Phone Number:	
Preferr	red E-mail Address:	
Univer	sity where Undergraduate Medical Education obtained:	
Which	Family Medicine program you are applying for (university and location):	
Curren	t Geographic Location:	_
1.	Have you resided in Canada for a continuous ten-year period immediately prior the MOTP Surge? Yes \ No	to applying to
2.	Do you maintain dual citizenship? Yes No	
	If yes, in which countries?	
3.	Do you have an immediate relative (spouse, parent, sibling) currently residing in other than Canada? Yes \ No	a country
	If yes, provide the city, town and country:	
4.	Do you possess foreign assets? Yes No	
5.	By applying to the MOTP Surge, you are agreeing to the conditions listed below each box to indicate that you agree with the condition.)	. (Please check
	Must enroll in the Regular Force (full-time service);	

_	Must complete four years of Obligatory Service post-completion of subsidized education and successful licensure;
ш	Must agree to a posting anywhere in Canada following completion of a Family Medicine Residency;
	Understand that the only residency available for subsidization under the MOTP Surge is Family Medicine;
	Understand that all applicants matched to a residency program will be required to screen successfully for enrolment in the CAF prior to entering a residency program. To successfully screen for enrolment in the CAF, the applicant must pass a medical assessment, interview, and security/background checks;
!	Understand that if you are an International Medical Graduate matched to a Family Medicine program at any of the universities within Ontario, you must complete the pre-residency program for Family Medicine at your own expense and undergo an Assessment Verification Period (AVP). More information can be found here .
!	Signature:
ı	Date: