

**Fill in the requested information by keyboard, then PRINT and SIGN the form.**

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID # (former Michener students)
DATE OF BIRTH (MM/DD/YYYY)    ____/____/____		GENDER:    [ ] Female    [ ] Male    [ ] Other	
COUNTRY OF CITIZENSHIPSHIP [ ] Canadian    [ ] Other _____		LANGUAGE (FIRST) [ ] English    [ ] French    [ ] Other: _____	
STATUS IN CANADA [ ] International Student    [ ] International Student with Study Permit    [ ] Permanent Resident    [ ] Protected Person/Refugee			
PROFESSIONAL INFORMATION			
<i>I am internationally educated and have experience in the following area:</i>			
PROFESSIONAL DESIGNATION (i.e. NURSE, PHYSICIAN)	COUNTRY WHERE TRAINED/EXPERIENCED	YEARS OF EXPERIENCE	
CONTACT INFORMATION			
ADDRESS		CITY OR TOWN	PROVINCE
POSTAL CODE	TELEPHONE (    )    -    _____	EMAIL ADDRESS (required)	
PROGRAM SELECTION			
<input type="checkbox"/> Healthcare Essentials: Bridging Program for Internationally Educated Health Professionals			
SUPPORTING DOCUMENTATION:			
<p>The following supporting documentation is also required with your application:</p> <ul style="list-style-type: none"> <li>▪ Letter of Intent</li> <li>▪ Proof of Credentials – (diploma, degree, certificate or other proof of credential)</li> <li>▪ Detailed resume</li> <li>▪ Applicants for whom English is a second language must provide <a href="#">English Language Assessment</a> (valid within 2 years). Review our <a href="#">English Language Policy</a> for exemptions.</li> </ul>			

### AUTHORIZATION AND DECLARATION

I understand that if any information in my application is determined to be false or misleading, concealed or withheld, my application may be invalidated and this could result in its immediate rejection or in the revocation of an offer of admission or registration at The Michener Institute of Education at UHN. I, the undersigned, declare that all application information and all supporting documentation are truthful, complete and correct.

**Applicant Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE SUBMIT YOUR APPLICATION AND SUPPORTING DOCUMENTS TO: [uhnice@uhn.ca](mailto:uhnice@uhn.ca)**

*The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.*