**Graduate Studies Residency Application Package**

Please complete the following form and send it to:

Division of Student Services c/o Graduate Studies

Canadian Memorial Chiropractic College

6100 Leslie Street

Toronto, ON M2H 3J1

**LETTER OF GOOD STANDING**

**Academic/Clinical Internship**

Applicant Name:

Chiropractic College Attended:

Year of Graduation:

* If you are a licenced chiropractor, please provide a letter of good standing from your regulatory board and malpractice insurance company.

CMCC Residency Program Applied to:

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Applicant’s Signature Date (dd/mm/yyyy)

**Dean, Clinics**

Attn: Members of the Residency Selection Committee

1. The aforementioned applicant to the Canadian Memorial Chiropractic Residency Program

Has clinical infractions

Does not have any clinical infractions

2. The aforementioned applicant to the Canadian Memorial Chiropractic Residency Program has

Fair clinical competencies

Good clinical competencies

Excellent clinical competencies

Comments:

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Name Signature Date