



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: Please Select

/ /

Applicant's Signature

Date (dd/mm/yyyy)

Canadian Memorial Chiropractic College

6100 Leslie Street, Toronto, Ontario M2H 3J1

T: 416 482 2340 F: 416 646 1114

www.cmcc.ca



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:

Name

Signature

Date