**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