

# Residency Program Application Process 2018-19



ccnm

CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## **Section D** **Resident Preference List**



**ccnm**  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## 2018-2019 Residency Application Package

### Contents

INTRODUCTION..... 3

RESIDENT PREFERENCE LIST (RPL)..... 4

    Instructions:..... 4

    Electronic Matching Process Verification: ..... 4

    Electronic Matching Process Agreement: ..... 4



ccnm  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## 2018-2019 Residency Application Package

### INTRODUCTION

Dear Applicant,

Thank you for your interest in applying for the residency programs associated with The Canadian College of Naturopathic Medicine. We are pleased to offer opportunities and diversity in residency training in Canada including the East Coast Naturopathic Clinic and the Canadian College of Naturopathic Medicine. We welcome new affiliate sites and will communicate those openings as soon as they are available.

The following Residency Application Package consists of 4 parts.

- **Section A** provides a detailed summary of the residency sites available, timelines, and general instructions in completing the residency package.
- **Section B** includes a fillable pdf for the Personal Data form and Personal Preference form you should submit to [resume@ccnm.edu](mailto:resume@ccnm.edu) by May 25, 2018.
- **Section C** is a package that you can forward to your referees to complete. This also should be received by May 25, 2018.
- **Section D** is a fillable pdf where you submit your Residency Preference List by July 30 to [resume@ccnm.edu](mailto:resume@ccnm.edu). Each residency site will review their applications, and select candidates they wish to interview. Interviews will occur at each residency site. Interviews may also be conducted through web-based means.

We look forward to receiving your completed applications. Please submit all required documents by **Friday, May 25, 2018**. Should you have any questions regarding the application process, please do not hesitate to Sheeman Barakzai, HR Administrator at [sbarakzai@ccnm.edu](mailto:sbarakzai@ccnm.edu) or 416-498-1255 ext 349.

Once again, I thank you for your interest and wish you luck in applying for this valuable opportunity.

Sincerely,

Jasmine Carino, ND  
Associate Dean, Curriculum and Residency Program



**ccnm**  
CANADIAN COLLEGE OF  
NATUROPATHIC MEDICINE

## 2018-2019 Residency Application Package

### RESIDENT PREFERENCE LIST (RPL)

#### **Instructions:**

1. Please list the sites to which you wish to be matched based on your order of preference. Please list only the sites where you have been interviewed and to which you are willing to accept a residency position if matched, regardless of the listed rank. A site listed as a No. 1 preference indicates that this site is your top choice. The order of your preference shall decrease from top choice to least as you list them down the ranking list. You may select as many sites as deemed appropriate and applicable.
2. Once you have completed your list, submit your RPL to Sheeman Barakzai at [sbarakzai@ccnm.edu](mailto:sbarakzai@ccnm.edu) by **Monday, July 30, 2018 at 05:00p.m EST.**
3. Please make sure you type your name, and mark the boxes for the “Matching Process Verification” and “Matching Process Agreement” below.

Preference	Clinic Name/Site Name	City	Site Program Director
No. 1			
No. 2			

#### **Electronic Matching Process Verification:**

- I AGREE that by marking this box that my decision on sites listed above is final. I also agree that failure to mark the box will disqualify me automatically from the match. By sending this document electronically I hereby certify that I have read and understand the Matching Program Guidelines document. I understand that not following the matching process guidelines may result in the rejection of my application and/or dismissal from any position held or obtained through the Resident matching process.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#### **Electronic Matching Process Agreement:**

- I AGREE that by marking this box that by participating in the match, I agree to abide by the results of the match. I agree that under no circumstance shall the Matching Committee be held legally liable for any damages or perceived damages which may result from the matching process. Furthermore, I agree that submission of this form is evidence of my agreement with all parts, description, guidelines, and processes as described in the Matching Program Guidelines document.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date