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For CCM Office Use Only:

Date Received	Date of Eligibility	Date of Examination	Date of Certification
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### FCCM APPLICATION FORM

IMPORTANT

*Please read ALL enclosed materials before completing this form.*

**TYPE OR PRINT CLEARLY**

#### I. Examination Category: Fellow of the Canadian College of Microbiologists (FCCM)

Ph.D., Laboratory Director level Certification in Clinical Microbiology
Plan I: Completed training program. Plan II: 3 years of relevant work experience.

#### II. Biographical Data: Notify the CCM Registrar's office immediately of any address/phone changes.

<b>Name</b> (Last, First, MI):	
<b>Mailing address:</b>	
<b>Daytime phone number:</b>	
<b>Fax number:</b>	<b>E-mail address:</b>
Print your name here as you wish it to appear on your certificate :	

#### III. Proctor, if applicable. Please consult the chair of the FCCM committee.

<b>Name:</b>	<b>Courier mailing address (no post office box):</b>
<b>Title:</b>	
Is this person your immediate supervisor? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
<b>Daytime telephone:</b>	
<b>Fax number:</b>	<b>E-mail address:</b>

#### IV. Reference

Applicants shall request a letter from their immediate supervisor stating their current position and how long the applicant has worked in this position. In addition, the supervisor should comment on the suitability of the applicant as a FCCM candidate.

Supervisor :	Employer (Institution, City, State) :
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#### V. Graduate Education

Institution :	Major Subject :	Degree Type:
Location (City, Province) :		Date Conferred :

**VI. Training and Experience Record**

Postdoctoral Training: Participation in a formal training program

Institution:	Dates attended:
Location :	Full-time [ ] Part-time [ ]
Name of Director (at the time):	Program completed? Yes [ ] No [ ]
Describe specifically the training you received:	

Postdoctoral Experience: Start with your present position and work back.

Additional sheets may be added if required.

\*If in-hospital work, please list the number of beds and number of people supervised.

Employment dates:                    to	Immediate Supervisor:
Size of Institution*:	Employer Address:
Your title:	
Describe your duties, giving percentages of time devoted to the following areas:	
% Administrative:	
% Clinical and Public Health:	
% Research:	
% Teaching:	

Employment dates:                    to	Immediate Supervisor:
Size of Institution*:	Employer Address:
Your title:	
Describe your duties, giving percentages of time devoted to the following areas:	
% Administrative:	
% Clinical and Public Health:	
% Research:	
% Teaching:	

Employment dates:                    to	Immediate Supervisor:
Size of Institution*:	Employer Address:
Your title:	
Describe your duties, giving percentages of time devoted to the following areas:	
% Administrative:	
% Clinical and Public Health:	
% Research:	
% Teaching:	

**VII. Affidavit**

City of \_\_\_\_\_, Province of \_\_\_\_\_,

I, \_\_\_\_\_, do solemnly swear (affirm) that I am the applicant named in this application; that I have made or read the contents hereof; that I have read and understood the contents of the Canadian Board of Medical Microbiology Application Kit; and to the best of my knowledge and belief the foregoing statement and answers are true in substance and effect and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in the Province of \_\_\_\_\_ My commission expires \_\_\_\_\_, 20\_\_.

**IMPORTANT: INSTRUCTIONS FOR COMPLETING APPLICATION FORM**

Before completing the application form, carefully review the FCCM guidelines ([www.ccm.ca](http://www.ccm.ca)) to be certain that you fulfill the stated requirements. The complete application package should include the following documents:

- Completed application form
- Recent resume
- Letter of reference from supervisor
- Copy of Ph.D. or doctoral degree diploma
- Application fee

**Send application documents to:**

**Dr. Heather Adam**

Diagnostic Services of Manitoba  
MS675F - 820 Sherbrook St.  
Winnipeg, MB R3A 1R9  
Tel: 204-787-8678  
email: [hadam@exchange.hsc.mb.ca](mailto:hadam@exchange.hsc.mb.ca)

**FEES:**

- \$CDN 450.00 payable to the Canadian College of Microbiologists. Acceptable forms of payment are cheque or money order or through PayPal at CCM website.
- All incomplete and/or ineligible applications will be returned with a 90% refund.