

Canadian College of  
Microbiologists



Collège Canadien des  
Microbiologistes

## APPLICATION FORM FOR FCCM EXAMINATION

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

This application is intended for PhDs who have completed CCM or CPEP training programs and MDs who have completed medical microbiology residency programs.

### II. Biographical Data

Notify the CCM Registrar's office immediately of any changes.

<b>Name</b> (Last, First, M.I.):
<b>Mailing address:</b>
<b>Daytime phone 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>Daytime phone number:</b>
<b>E-mail address:</b>

### IV. Reference

Applicants shall request a letter from their training program supervisor. The supervisor should comment on the suitability of the applicant as a FCCM candidate.

<b>Supervisor :</b>	<b>Location (Institution, City, Province/State) :</b>
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### VI. Training Record

#### Postdoctoral Training: CCM or CPEP training program

<b>Institution:</b>	<b>Dates attended:</b>
<b>Location :</b>	<b>Full-time [ ] Part-time [ ]</b>
<b>Name of Director:</b>	<b>Program completed? Yes [ ] No [ ]</b>

For CCM Office Use Only:

Date Received	Date of Eligibility	Date of Examination	Date of Certification
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[Type text]

**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 College of Microbiologists Application documents; 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 THE 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 CV
- Letter of reference from supervisor
- Copy of PhD or medical degree
- Application fee

**Send the application documents to the Chair of the FCCM:**

**Dr. Heather Adam**

Diagnostic Services, Shared Health  
MS675F - 820 Sherbrook St.  
Winnipeg, MB R3A 1R9  
Tel: 204-787-8678  
email: [hadam@sharedhealthmb.ca](mailto:hadam@sharedhealthmb.ca)

**FEES:**

- \$550.00 CDN payable to the Canadian College of Microbiologists. Acceptable forms of payment are cheque or money order.