CSC Stroke Fellowship Program
Programme de fellowship neurovasculaire du CNC

Canadian Stroke Consortium
101-2275 Upper Middle Rd E, Oakville, ON L6H 0C3
Phone: (416) 386-0844
strokeconsortium.ca

Registration Form

Name: _____
Email: _____
Phone number: _____

Current Program
University: _____
Hospital: _____
Program Director (full name): _____
Program Director (email): _____

Program of Interest (Check one):
- ☐ Certificate (6 months)
- ☐ Stroke Expert (1 year)
- ☐ Stroke Scholar (2 years)

Fellowship Start Date: (dd/mm/year): _____
Date of Program Registration (dd/mm/year): _____
Anticipated End date (dd/mm/year): _____

Background:
Specialty (check all that apply):
- ☐ Neurology
- ☐ Internal Medicine
- ☐ Gerontology
- ☐ Family Medicine
- ☐ Other (please specify) _____

Education & Medical Training (attach an abbreviated CV to your registration)

Signatures:

Fellow (signature): _____ Date(dd/mm/year): _____

Program Director (signature): _____Date (dd/mm/year): _____

Submit completed form and CV to fcsc@strokeconsortium.ca
FEES TO BE PAID UPON ACCEPTANCE $200 CDN