

Section A: Personal Information

Name	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Hospital/ Agency Name and Address	<input type="text"/>
Phone Number	<input type="text"/>	Area of Practice	<input type="text"/>
E-mail	<input type="text"/>		
Supervisor/ Manager's Name	<input type="text"/>	Supervisor/ Manager's E-mail	<input type="text"/>

For visitors requesting practice experience
please provide your certificate of registration number and jurisdiction where
registration was issued

Section B: Visit Information

Expected date of visit

to

Contact at SickKids (if known)

Why do you wish to visit the Hospital for Sick Children?

What are some learning objectives you have identified?

What prior learning/experience have you had in relation to these objectives?

how would you prefer to meet your objectives?

- Observation of Clinical Practice Practice Experience
 Information Interview

It is understood that during your visit you may have access to confidential information. Your Signature below indicates that you recognize that you are in a position of trust with The Hospital for Sick Children and agree to maintain confidentiality at all times

Signature

Date

- Current resume/CV attached Supervisor/Manager's Letter of Support attached

A non-refundable application fee of \$200 CAD will be applied. You will be provided with a secure link to complete application fee payment upon receiving this application.