

Declaration of Interruptions in Undergraduate/Postgraduate Training and/or Clinical Practice

Interruptions (i.e. breaks or gaps) in training or medical practice of **two or more continuous months** must be accounted for when submitting an application for residency training.

Applicant's Name (Print)	Applicant's Signature	Date (Month/Day/Year)
Any period of time since of the	ly include, but is not limited to, the following: graduation from medical school where you ha lical leave; and/or to immigration purposes.	ve not trained or practised; and/or
	ssion to medical school, I had interruptions postgraduate training and/or active clinical pra	
Dates (Mo./Yr. to Mo./Yr.)	Reason for Interruption (Explain the reason for the interruption, e.g. maternity leav Attach additional pages as necessary.	ve, medical, vacation, immigration)
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nake this declaration cor ad effect as if made unde	nscientiously believing it to be true, and know roath.	ving that it is of the same legal for
	Applicant's Signature	Date (Month/Day/Year)

This form MUST be completed by all applicants applying to residency programs at Memorial University.