



**Agency Based Clinical Placement (ABC)
Application Form**

Name _____

Address _____

Student Number _____

Participating Hospitals:

1. Mt. Sinai Hospital
2. St. Michael's Hospital
3. University Health Network (TGH, TWH, PHM)
4. Sunnybrook Health Sciences Centre
5. Hospital for Sick Children

Please indicate your first and second choice of hospitals.

First Choice: _____

Second Choice: _____

Signature _____

Date: _____

Note: Student selection for ABC placement will occur by lottery. Students who have been selected to participate in ABC program will be notified once classes begin.

155 College Street Suite 130, Toronto, Ontario M5T 1P8 Tel: 416-946-0279 Fax: 416-978-0899

Completed forms must be faxed to Kong Ng at (416) 978-0899 by September 1, 2011.