



First-Year Resident Application Form

This application form is only for use by first-year residents. If you are not a first-year resident, please go to the Canadian Neurological Sciences Federation (CNSF) website at www.cnsfederation.org and download an application form by clicking on your society of interest.

I am a first-year resident in the following program:

- Adult Neurology** = **Canadian Neurological Society (CNS)**
 Child Neurology = **Canadian Association of Child Neurology (CACN)**
 Neurosurgery = **Canadian Neurosurgical Society (CNSS)**

Last Name: _____

First Name: _____

Program Directors Name: _____

1. Office/Hospital _____
Address: _____

Tel: _____ Fax: _____

E-mail: _____

2. Home Address: _____

Tel: _____ Fax: _____

E-mail: _____

Please indicate:

Preferred Mailing address: Address 1 Address 2
Preferred email address: Address 1 Address 2

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