

Confirmation of Registration For the 2020 - 2021 Training Session

As of June 12, 2020

Student **Dr.** [REDACTED]
 Student # [REDACTED]
 Email [REDACTED]

You are **Registered** for the training session 2020 - 2021.

2020 - 2021 Training Appointment

Program	Training level	Source of Funding	Training Status	Term
Family Medicine	PGY1	Ont Min Hlth- Ministry Funded	Active	01-Jul-2020 30-Jun-2021

License information

		Number	Effective Date	Expiry Date
CPSO	Postgraduate Education	[REDACTED]	01-Jul-2020	30-Jun-2021
CMPA	OBTAINED	[REDACTED]	01-Jul-2020	31-Dec-2020

Source of MD

School: **McMaster University** Year: **2020**

NOTE: Information is valid as per date of issue.