

Jane Doe, Designation (e.g., MD, MBChB)

Vancouver, BC, Canada

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PROFILE

This is a section where you can briefly explain your education and training. It is also a place where you can briefly express why you enjoy practicing family medicine and your desire to participate in the Practice Ready Assessment – British Columbia (PRA-BC) program and work as family physician in BC.

EDUCATION

Internship/Postgraduate Training/Residency Program MM/YYYY

Hospital Name/Educational Institution; Location

- Rotation Name (e.g., General Surgery) – length of time and dates
- Rotation Name – length of time and dates
- Rotation Name – length of time and dates
- Rotation Name – length of time and dates
- Rotation Name – length of time and dates

Degree Name, University Name MM/YYYY - MM/YYYY

City, Country

Degree Name, University Name MM/ YYY - MM/YYYY

City, Country

LICENSURE

Licentiate of the Medical Council of Canada (LMCC) – No. 123456 MM/YYYY

License/Registration from country of practice – No. 123456 MM/YYYY

ADDITIONAL CERTIFICATIONS

Advanced Cardiac Life Support (ACLS) MM/YYYY

Pediatric Advanced Life Support (PALS) MM/YYYY

Advanced Trauma Life Support (ATLS) MM/YYYY

EXAMINATIONS

IELTS Academic – Band Score of 7.5 MM/YYYY

- Listening – 7.0
- Reading – 8.0
- Writing – 7.0
- Speaking – 7.0

NAC OSCE – 77 MM/YYYY

MCCQE1 – 568 MM/YYYY

WORK EXPERIENCE

General Practitioner/Family Physician

MM/YYYY - PRESENT

Name of Practice/Hospital, City, Country

- Use bullet points or a few sentences to outline the scope of your practice and demographics you have worked with.
- Explain procedures, services, and treatments you regularly provide.
- Highlight any exceptional achievements or projects you participated in during your time in this role.

Medical Officer (Community Service)

MM/YYYY - MM/YYYY

Name of Practice/Hospital/Institution, City, Country

- Explain procedures, services, and treatments you regularly provided.
- Highlight any exceptional achievements or projects you participated in during your time in this role.

Medical Officer (Intern)

MM/YYYY - MM/YYYY

Name of Practice/Hospital/Institution, City, Country

- Include any postgraduate training rotations you may have completed during this time, length of time, and specific dates.
- Explain procedures, services, and treatments you regularly provided.
- Highlight any exceptional achievements or projects you participated in during your time in this role.

RESEARCH EXPERIENCE

Researcher

MM/YYYY - MM/YYYY

Name of Affiliated Institution/Organization, City, Country

- Use bullet points or a few sentences to outline the scope of your research.

Thesis Title

MM/YYYY

Name of Affiliated Institution, City, Country

- Use bullet points or a few sentences to outline the scope of your research.

TECHNICAL AND COMPUTER SKILLS

Wolf EMR

Microsoft Office Suite

SPSS

LANGUAGES

English – fluent

French – fluent

INTERESTS

You may use this section to highlight what you do when you are not practicing medicine or activities that you participate in e.g., types of sports, hobbies, volunteering with other organizations.