

LANGUAGE PROFICIENCY FORM: SECONDARY SCHOOL

PLEASE AFFIX THE SCHOOL STAMP
OR SEAL IN THIS SPACE

CEHPEA APPLICANT MUST COMPLETE THIS SECTION:

I, _____, am applying to CEHPEA.

Full Name of Applicant: Print or Type

In support of my application, I require the secondary school, _____,

Name of Secondary School

from which I attended to confirm that the language of instruction in this school was conducted completely in English or French. I understand that this form in conjunction with a similar form from my primary school will serve as one of the basic eligibility requirements.

Signature of Applicant

Date of Signature

SECONDARY SCHOOL MUST COMPLETE THIS SECTION:

I confirm that _____ attended

Full Name of Applicant: Print or Type

_____ from _____ to _____ . This letter

Name of Secondary School

Month/Year

Month/Year

also confirms that the language of instruction in this secondary school is conducted completely in _____ .

English or French

I understand that this form in conjunction with a similar form from the applicant's primary school will serve as one of the basic eligibility requirements for consideration in the medical programs under the auspices of CEHPEA and I confirm that the information contained herein is true.

Sincerely,

Signature of Senior Administrator

Print Name of Senior Administrator

Date of Signature

Academic Title/Official Position

Address of Secondary School

Telephone Number

Note: This form, once completed, must be returned directly to CEHPEA by the applicable deadline from the secondary school or from the Board of Education. Ensure the original form letter is mailed promptly to CEHPEA at:

80 Bloor Street West, Suite 902, Toronto, ON, M5S 2V1

Please do not return the completed form to the applicant. Faxes will not be accepted.