

## MD/PGME SELECTION DECLARATION ADMISSIONS RATER REGISTRATION FORM

### DIVERSITY, EQUITY AND INCLUSION

Thank you for indicating your interest to participate in the MD/PGME admissions process. We are keen to learn more about our prospective file reviewers and interviewers to ensure that our rating pool reflect the diversity of our community and improve our admissions process.

1. How do you self-identify? Which of the following do you feel best describes you? **You may choose to 4 options.**

The terms below reflect terms used in the Canadian census. Using terminology consistent with the census will help us understand our faculty in relation to Canadian demographics.

- Indigenous person (First Nations, Inuit (Inuk), Métis)
- Indigenous person from outside of Canada
- Latin American
- Black (African, Caribbean, Canadian, etc.)
- White
- Filipino
- Middle Eastern
- Central Asian (Kazakh, Afghan, Tajik, Uzbek, Caucasus, etc.)
- East Asian (Chinese, Japanese, Korean, etc.)
- South Asian (Indian, Pakistani, Sri Lankan, East Indian from Guyana, etc.)
- Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese, Thai, etc.)
- West Asian (Iranian, Iraqi, Persian, etc.)
- Jewish
- A background not listed here. Please specify:

2. What is your religious or spiritual affiliation that you currently practice?

- Atheist / Agnostic / No religious or spiritual affiliation
- Bahá'í Faith
- Buddhism
- Christianity (any, including Catholic, Protestant, evangelical, etc.)
- Confucianism
- Hinduism
- Jainism
- Judaism
- Islam
- Indigenous Spirituality
- Sikhism
- Spiritualism
- Unitarian / Humanist
- Other. Please specify: \_\_\_\_\_



**3. From your name, physical appearance, and/or anything you wear, are you easily identifiable as a member of a specific religion?**

- Definitely yes
- Probably yes
- Probably no
- Definitely no
- Not sure

**4. What religion do people assume you are a member of?**

- Buddhism
- Christianity (any, including Catholic, Protestant, evangelical, etc.)
- Hinduism
- Judaism
- Islam
- Indigenous Spirituality
- Sikhism
- Other.
- Prefer not to say

**5. What is your gender identity?**

- Woman
- Man
- Gender fluid
- Non-binary
- Transgender
- Two-Spirit
- Questioning
- Another gender identity. Please specify:

**6. What is your sexual orientation?**

- Asexual/Non-Sexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Two-spirit
- Another sexual orientation. Please specify:
- Questioning
- Prefer not to say



**6. Whether or not it affects your day to day life, do you identify as having lived experience with any disability or limitation? Check all that apply.**

- Physical
- Mental
- Emotional
- Developmental
- Sensory
- Chronic medical / illness
- Learning
- Neurological
- Other type of disability/limitation. Please specify:
- No disability/limitation
- Prefer not to say

**7. Is your chronic illness / disability...**

- Visible
- Non-visible
- Sometimes visible but not always
- Prefer not to answer

**8. Please feel free to leave any additional comments you feel may be relevant**

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## MD/PGME ADMISSIONS RATER AND COMMITTEE ATTESTATION

In order to maintain the integrity of the selection process for the Temerty Faculty of Medicine, the Undergraduate and Postgraduate programs of the Temerty Faculty of Medicine, University of Toronto (UofT) expect the highest degree of confidentiality and professionalism from its committee members and raters, which includes the requirement that members/raters be free from any perceived or actual conflicts of interest.

### Acknowledgement of Expectations

I have never been paid to provide preparatory or admissions advice related to program application.

I will not use information gathered during the selection processes, or my status as a participant in the selection process, for financial or personal gain including for the purpose of providing commercial preparatory or admissions advice as it may constitute infringement of UofT's proprietary or other IP rights.

I understand that MD/PGME Admissions Committee and Subcommittee processes and data include UofT's proprietary information.

I have read and understand my obligations to adhere to the [Faculty's Relations with Industry Guidelines](#) and any related policies of my affiliated clinical site (if applicable).

I will undertake implicit bias training as required by the MD/PGME Admissions Committee.

### Signature

All participants in the MD/PGME admissions process are required to sign this attestation statement as a condition of participating in a selection or admissions committee. Your signature confirms your understanding of the expectations listed above and agreement not to disclose any information noted above and including, but not limited to the application assessment process, any information included in the file components or your assessment and evaluation, and the identity of the applicants assigned to you.

**I have read and agree to adhere to the requirements set out in this Attestation.**

Name: [SIGN] \_\_\_\_\_

Date: \_\_\_\_\_

## MD/PGME PROCEDURE ON CONFLICT OF INTEREST AND ETHICAL PRACTICES

Annually, admissions evaluators must complete the 'Admissions Disclosure Statements', which outline potential conflicts of interest pertaining to the medical school admissions process. Disclosure statements are reviewed by a panel as described below. Signatories agree to abide by ethical practices, including non-discrimination.

### *Disclosures*

1. Do you know of a relative, partner, or someone with whom you have a close relationship including friendships who is applying to a PGME program at the University of Toronto in the current admissions cycle, or who plans to do so next year? Note: "Relative" includes children, siblings, spouses/partners, parents, grandparents, uncles/aunts, cousins, and nieces/nephews.

- Yes Please Elaborate\*

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- No

2. Have you provided a letter of reference for a current applicant to a PGME program at the University of Toronto?

- Yes Please Elaborate\*

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- No

3. Are you currently participating in any advising activity, including the provision of admissions practice interview(s) and/or advice for current applicant(s) to a PGME program at the University of Toronto or have plans to do so next year?

- Yes Please Elaborate\*

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- No

4. Has anyone, including a colleague and/or donor to the University of Toronto and/or Temerty Faculty of Medicine attempted to influence you in your capacity as an admissions evaluator regarding a current and/or future applicant to a PGME program at the University of Toronto?

- Yes Please Elaborate\*

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- No

## DECISIONS ABOUT POTENTIAL CONFLICTS

A panel comprised of the PGME Director - Admissions and Evaluations, a resident member of the Program Selection Committee, and the Program Director, will assess the disclosure statements and determine whether there is need to modify or preclude participation. The panel will present an annual report to the Admissions Committee with numbers in each category but without names.

## STATEMENT OF COMMITMENT TO ETHICAL PRACTICES

If invited to be a participant in the selection process, I will be bound by the [Policies and Principles for Admission to the University of Toronto](#).

I will adhere to the principles expressed in the [Diversity Statement of the Faculty of Medicine](#). I will undertake my duties and provide assessments and/or decisions in good conscience, without bias towards or against any group or individual.

I will confine my assessments solely to the academic and non-academic criteria deemed relevant by the PGME program, without regard for any extraneous personal characteristics.

I will immediately notify the Program Director should any conflict (as described above or otherwise) arise during my term as an evaluator.

In addition, I will be bound to the Ontario Human Rights Code as it relates to non-discrimination in admissions assessment and decisions.

I have read and agree to the above.

(Please type your full name):\* \_\_\_\_\_

[SIGN] \_\_\_\_\_

Date: \_\_\_\_\_

## QUESTIONS?

For further information and questions about the admissions process, please contact your Program Director or the PGME Director of Admissions and Evaluation, Dr. Linda Probyn at [linda.probyn@utoronto.ca](mailto:linda.probyn@utoronto.ca)