

GERIATRIC PSYCHIATRY SUBSPECIALTY RESIDENCY PROGRAM

Rockyview General Hospital

7007 14 Street SE Calgary, AB, T2V 1P9

Program Application Instructions and Eligibility:

Applications for Geriatric Psychiatry Subspecialty Training Program for a July 2024 start are due **September 1, 2023**.

Eligibility:

All current PGY 4 or PGY 5 residents are eligible to apply to the Geriatric Psychiatry Subspecialty Program.

Number of Positions Offered Per Year: One (1)

For Details About The Program, Please Refer To:

<https://cumming.ucalgary.ca/departments/psychiatry/education/subspecialty-programs/geriatric>

Interview window for the Geriatric Psychiatry Subspecialty program will be **October 2 - 20, 2023**.

Successful candidates will receive invitation to join on **October 26, 2023, 2PM EST** and response is requested by **October 30, 2023 at 12PM EST**.

Submission Package:

Completed Application Packages (and questions regarding the process) for Geriatric Psychiatry are to be submitted electronically to:

Bernice Mina-Buna

Program Administrator

Department of Psychiatry

University of Calgary

Email: Bernice.Mina-Buna@ahs.ca

Phone: (403) 955-2214

An application is complete when all of the following components have been received:

- 1) Application Form
- 2) Letter of Intent/Personal Statement
- 3) Updated CV
- 4) Residency Rotation Experience Form
- 5) * Letter of Good Standing from Current Residency Program Director
- 6) * 3 Letters of Reference (at least one from a Geriatric Psychiatrist)
- 7) Evaluations From Previous Psychiatry Rotations

* NB: Please have each of these items submitted directly to: Bernice.Mina-Buna@ahs.ca by **September 30, 2023**. The email subject line should indicate – “Letter of Good Standing For – Applicant’s Name”, or “Subspecialty Reference Letter for – Applicant’s Name.”

**DEPARTMENT OF PSYCHIATRY
SUBSPECIALTY RESIDENCY APPLICATION FORM**

Complete All Sections

Subspecialty Applied For <input type="checkbox"/> Child & Adolescent <input type="checkbox"/> Geriatric <input type="checkbox"/> Forensic	Legal Surname	All Legal Given Names in Full (Indicate Most Commonly Used)	Email Address
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Current Postgraduate Training

Please Specify Current University

Current Year of Training in Psychiatry PGY 4 PGY 5

Has all your training been done at the above University and Program YES NO

If NO, please specify

Former Surname	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-Binary <input type="checkbox"/> Other / Prefer Not To Say	Date of Birth (yyyy/mm/dd)	Social Insurance Number	
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Present Mailing Address	Apt. #	No. & Street	Area Code & Phone Number	
	City	Province	Country	Postal Code

Permanent Address <input type="checkbox"/> Same as Mailing Address	Apt. #	No. & Street	Area Code & Phone Number	
	City	Province	Country	Postal Code

Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Authorization <input type="checkbox"/> Other	Country of Citizenship	Medical Licensure, please specify
	<input type="text"/>	<input type="text"/>

First Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
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Document Checklist

- 1) Application Form
- 2) Letter of Intent/Personal Statement
- 3) Updated CV
- 4) Residency Rotation Experience Form
- 5) *Letter of Good Standing from Current Residency Program Director
- 6) *3 Reference Letters (at least one from a Geriatric Psychiatrist) Please provide names of each individual providing a reference letter and their Relationship to you:

Reference 1: Reference 2: Reference 3:

- 7) Evaluations from previous psychiatry rotations

* NB: Please have each of these items submitted directly to Bernice.Mina-Buna@ahs.ca by **September 30, 2023**.
The email subject line should indicate – “Letter of Good Standing for – Applicant’s Name”, or “Subspecialty Reference Letter for – Applicant’s Name”.

Signature of Applicant **Date**