Child and Adolescent Subspecialty Training Program Application
Instructions and Eligibility:

Applications for the Child and Adolescent Subspecialty Training Program for a July 2019 start are due September 14, 2018.

Eligibility:

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

For details about the program, please refer to: [http://www.ucalgary.ca/psychiatry/subspecialty](http://www.ucalgary.ca/psychiatry/subspecialty)

Interviews for the Child & Adolescent Subspecialty program will be conducted in October 12, 2018. Successful candidates will receive invitations to join on or after November 15, 2018 and response is requested by November 21, 2018.

Submission Package:

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

Kary Zamiski
Administrative Assistant
Department of Psychiatry
University of Calgary-Child and Adolescent Psychiatry
Email: Kary.Zamiski@albertahealthservices.ca
Phone: (403) 955-2214

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

1. Application Form
2. Updated CV
3. Letter of Intent/Personal Statement (no more than 1000 words)
4. Residency Rotations to-date
5. *Letter of Good Standing from Current Residency Program Director
6. *Reference Letters (2 are to be provided)

*NB: Please have each of these items submitted directly to: Kary.Zamiski@albertahealthservices.ca or waheedw@ucalgary.ca by September 14, 2018. The email subject line should indicate – “Letter of Good Standing for – Applicant’s Name”, or “Subspecialty Reference Letter for – Applicant’s Name”.
# Subspecialty Application Form

**Complete all Sections**

<table>
<thead>
<tr>
<th>Subspecialty Applied For:</th>
<th>Legal Surname</th>
<th>All legal given names in full (Indicate most commonly used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Child &amp; Adolescent</td>
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**Current Postgraduate Training:**

**Please Specify Current University:**

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**Current Year of Training in Psychiatry:** ☐ PGY 1 ☐ PGY 2 ☐ PGY 3 ☐ PGY 4 ☐ PGY 5

Has all of your training been done at the above University and Program? ☐ YES ☐ NO
If NO, Please specify:

<table>
<thead>
<tr>
<th>Former Surname</th>
<th>Sex</th>
<th>Date of Birth (yyyy/mm/dd)</th>
<th>Social Insurance Number</th>
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<td>☐ F</td>
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**Present Mailing address**

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>No. &amp; Street</th>
<th>Area Code &amp; Phone Number</th>
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</table>

**City**

**Province**

**Country**

**Postal Code**

**Permanent Address**

☐ Same as Mailing address

<table>
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</tbody>
</table>

**City**

**Province**

**Country**

**Postal Code**

**Status in Canada**

☐ Canadian Citizen
☐ Permanent Resident
☐ Student Authorization
☐ Other

**Country of Citizenship**

☐ Medical Licensure Please Specify:

**First Language**

☐ 1. English
☐ 2. French
☐ 3. Other

_______________

**Email Address**
Document Check List:

☐ Application Form
☐ Letter of Intent/Personal Statement
☐ Updated CV
☐ Residency Rotations to-date Form
☐ *Letter of Good Standing from Current Residency Program
☐ *Reference Letters (2 required) – Please provide names of each individual providing a reference letter and their relationship to you:

Reference Letter 1:
______________________________________________________________

Reference Letter 2:
______________________________________________________________

*NB: Please have each of these items submitted directly to: Kary.Zamiski@albertahealthservices.ca or waheedw@ucalgary.ca by September 14, 2018. 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: ______________________ Dated ______________________