Child and Adolescent Subspecialty Training Program Application
Instructions and Eligibility:

Applications for the Child and Adolescent Subspecialty Training Program for a July 2020 start are due **September 15, 2019**.

**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:
https://cumming.ucalgary.ca/departments/psychiatry/education/subspecialty-programs/child-and-adolescent

Interviews for the Child & Adolescent Subspecialty program will be conducted in October 18, 2019. Successful candidates will receive invitations to join on or after November 1, 2019 and response is requested by November 7, 2019.

**Submission Package:**

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

Kary Zamiski
Program Coordinator
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 ssparshu@ucalgary.ca by September 15, 2019. 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

Subspecialty Applied For:  ☐ Child & Adolescent  ☐ Legal
Legal Surname  All legal given names in full (Indicate most commonly used)

Current Postgraduate Training:

Please Specify Current University:

________________________

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ M</td>
<td>☐ F</td>
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</table>

Present Mailing address

<table>
<thead>
<tr>
<th>Apt. #</th>
<th>No. &amp; Street</th>
<th>Area Code &amp; Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Province</td>
<td>Country</td>
</tr>
</tbody>
</table>

Permanent Address

☐ Same as Mailing address

<table>
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<tr>
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</tr>
</tbody>
</table>

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:
______________________________________________________________

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Signature of Applicant: ______________________ Dated ______________________