

**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
Current Postgraduate Training <input type="text"/> Please Specify Current University <input type="text"/> Current Year of Training in Psychiatry <input type="checkbox"/> PGY 4 <input type="checkbox"/> PGY 5 Has all your training been done at the above University and Program <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please specify <input type="text"/>				
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	
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		
First Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other				

Document Checklist

- 1) Completed and Signed Application Form
- 2) Letter of Intent/Personal Statement (*suggested maximum of 750 words. Areas to cover should include, but are not limited to, your interest in the subspecialty, your interest in the specific program you are applying to, your suitability as an applicant, and your possible career goals*)
- 3) Updated CV (*Areas to cover should include but are not limited to, educational background, scholarly activities, and other accomplishments*)
- 4) *Letter of Good Standing from Current Residency Program Director
- 5) *2 – 3 Reference Letters (*unless a program provides a specific template or instructions, letters should comment on your suitability to enter the subspecialty, as well as your competency in each of the Royal College CanMEDS roles (Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional)*)

Please provide names of each individual providing a reference letter and their Relationship to you

Reference 1:

Reference 2:

Reference 3:

- 6) Residency Rotation Experience Form

* NB: Please have each of these items submitted directly to Bernice.Mina-Buna@ahs.ca by **September 3rd, 2024**. 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