

Child and Adolescent Subspecialty Training Program Application Instructions and Eligibility:

Applications for the Child and Adolescent Subspecialty Training Program for a July 2023 start are due **September 1, 2022.**

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 and Adolescent Subspecialty program will be conducted on Thursday October 7, 2022.

Successful candidates will receive invitations to join on October 27, 2022, and a response is requested by November 3, 2022 at 2 pm Eastern time.

Submission Package:

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

Pauline Burgess
Program Assistant
Department of Psychiatry
University of Calgary-Forensic Psychiatry
Email: Pauline.Burgess@albertahealthservices.ca
Phone: (403) 944-1271

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)

Note: Competence Committee Report/summary may be requested from Program Director

**NB: Please have each of these items submitted directly to: pauline.burgess@albertahealthservices.ca by September 1, 2022. 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: <input type="checkbox"/> Child & Adolescent | Legal Surname | All legal given names in full (Indicate most commonly used) | | | |
| Current Postgraduate Training: Please Specify Current University: <hr style="width: 50%; margin-left: 0;"/> <p>Current Year of Training in Psychiatry: <input type="checkbox"/> PGY 4 <input type="checkbox"/> PGY 5</p> Has all of 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 | | |
| 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 | | <input type="checkbox"/> Medical Licensure Please Specify: | |
| First Language <input type="checkbox"/> 1. English <input type="checkbox"/> 2. French <input type="checkbox"/> 3. Other <hr style="width: 50%; margin-left: 0;"/> | | 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: _____