

## Subspecialty Application Form (2 pages)

**Complete all Sections**

Subspecialty Applied For: <b>Forensic Psychiatry</b>	Legal Surname	All legal given names in full (Indicate most commonly used)		
<p>Current Postgraduate Training</p> <p>Please Specify Current University:</p>  <p>Current Year of Training in Psychiatry:    <input type="checkbox"/> PGY 5</p>				
Former Surname	Sex <input type="checkbox"/> M <input type="checkbox"/> F	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	Apt. #	No. & Street		Area Code & Phone Number
	City	Province	Country	Postal Code
Status in Canada  <input type="checkbox"/> Canadian Citizen  <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 _____		Email Address		

## Document Check List

- Currently in PGY-5 level of training
- Letter of Intent (no more than 1000 words)
- Completed Forensic Psychiatry Subspecialty Training Program Application Form
- Residency rotation experience form
- Three letters of reference, at least one from a forensic psychiatrist
- Updated CV
- Letter of Good Standing from current Program Director
- Evaluations from previous psychiatry rotations

*\*NB: Please have each of these items submitted directly to [Pauline.Burgess@ahs.ca](mailto:Pauline.Burgess@ahs.ca) by August 31, 2022. 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: \_\_\_\_\_