

## **Child and Adolescent Subspecialty Training Program Application Instructions and Eligibility:**

Applications for the Child and Adolescent Subspecialty Training Program for a July 2022 start are due **September 1, 2021.**

### **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 on October 8, 2021.

Successful candidates will receive invitations to join on October 28, 2021, and a response is requested by November 4, 2021.

### **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](mailto: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](mailto:Kary.Zamiski@albertahealthservices.ca) by September 1, 2021. 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)
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Current Postgraduate Training:

Please Specify Current University:  
\_\_\_\_\_

Current Year of Training in Psychiatry: PGY 4    PGY 5

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
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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:
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<p>First Language</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. French</p> <p><input type="checkbox"/> 3. Other</p> <p>_____</p>	<p>Email Address</p>
<p><u>Document Check List:</u></p> <p><input type="checkbox"/> Application Form</p> <p><input type="checkbox"/> Letter of Intent/Personal Statement</p> <p><input type="checkbox"/> Updated CV</p> <p><input type="checkbox"/> Residency Rotations to-date Form</p> <p><input type="checkbox"/> *Letter of Good Standing from Current Residency Program</p> <p><input type="checkbox"/> *Reference Letters (2 required) – Please provide names of each individual providing a reference letter and their relationship to you:</p> <p>Reference Letter 1:</p> <p>_____</p> <p>Reference Letter 2:</p> <p>_____</p> <p><i>*NB: Please have each of these items submitted directly to: Kary.Zamiski@albertahealthservices.ca or ssparshu@ucalgary.ca by September 1, 2021. The email subject line should indicate – “Letter of Good Standing for – Applicant’s Name”, or “Subspecialty Reference Letter for – Applicant’s Name”.</i></p>	

Signature of Applicant: \_\_\_\_\_ Dated \_\_\_\_\_