

Subspecialty Application Form (2 pages)

Complete all Sections

Subspecialty Applied For: Forensic Psychiatry	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 5

Former Surname	Sex <input type="checkbox"/> M <input type="checkbox"/> F	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	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:
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First Language <input type="checkbox"/> 1. English <input type="checkbox"/> 2. French <input type="checkbox"/> 3. Other _____	Email Address
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Document Check List

- Currently in PGY5 level of training
- Letter of Intent (no more than a 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 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”.*

Signature of Applicant: _____ Dated: _____