Geriatric Psychiatry Subspecialty Training Program Application Instructions and Eligibility:

Applications for the Geriatric Psychiatry 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 Geriatric Psychiatry Subspecialty Program.
For details about the program, please refer to: https://cumming.ucalgary.ca/departments/psychiatry/education/subspecialty-programs/geriatric

Interviews for the Geriatric Psychiatry Subspecialty program will be conducted in September 28, 2021. Successful candidates will receive invitations to join on and response is requested by pm EST.

Submission Package:

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

Kary Zamiski
Program Coordinator
Department of Psychiatry
University of Calgary - Geriatric Psychiatry
Email: Kary.Zamiski@albertahealthservices.ca
Phone: (403) 955-2214

An application is complete when all of the following components have been received:

• Letter of intent
• Completed Geriatric Psychiatry Subspecialty Training Program Application Form
• Residency rotation experience form
• Three letters of reference, at least one from a geriatric 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”.
# Subspecialty Application Form

## Complete all Sections

<table>
<thead>
<tr>
<th>Subspecialty Applied For:</th>
<th>Legal Surname</th>
<th>All legal given names in full (Indicate most commonly used)</th>
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<tbody>
<tr>
<td>Geriatric Psychiatry</td>
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## Current Postgraduate Training:

Please Specify Current University:

Current Year of Training in Psychiatry: □ PGY 1  □ PGY 2  □ PGY 3  □ PGY 4

□ PGY 5  If NO, Please specify:

## Former Surname

<table>
<thead>
<tr>
<th>Former Surname</th>
<th>Sex</th>
<th>DOB</th>
<th>Social Insurance Number</th>
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## Present Mailing address

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<thead>
<tr>
<th>Present Mailing address</th>
<th>Apt. #</th>
<th>No. &amp; Street</th>
<th>Area Code &amp; Phone Number</th>
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## Permanent Address

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## Status in Canada

□ Canadian Citizen

Authorization

□ Other

□ Medical Licensure Please Specify:
Document Checklist:

- Letter of intent
- Completed Geriatric Psychiatry Subspecialty Training Program Application Form
- Residency rotation experience form
- Three letters of reference, at least one from a geriatric psychiatrist
- updated CV
- Letter of good standing from current program director
- Evaluations from previous psychiatry rotations

Applicant Signature:

Date: