

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

Subspecialty Applied For: Geriatric 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 1 PGY 2 PGY 3 PGY 4

PGY 5 If NO, Please specify:

Former Surname	Sex <input type="checkbox"/> M <input type="checkbox"/> F	D O B	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 Authorization	C o u n t r y o f	<input type="checkbox"/> Medical Licensure Please Specify:
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	C i t i z e n s h i p	
<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>	

Document Checklist:

- Letter of intent
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- updated CV
- Letter of good standing from current program director
- Evaluations from previous psychiatry rotations

Applicant Signature: _____

Date: _____