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| *Please type or print legibly in the following form. All sections must be filled in for this form to be considered complete. Incomplete or illegible forms cannot be processed.* | | | | | | |
| APPLICANT INFORMATION | | | | | | |
| Surname: | | | | Given Name(s): | | |
| Area Code & Phone Number: | | | | Email Address: | | |
| Current Mailing Address | Apt. #: | Number & Street: | | | | City: |
| Province: | | Country: | | | Postal Code: |
| Permanent Address | Apt. #: | Number & Street: | | | | City: |
| Same as Mailing | Province: | | Country: | | | Postal Code: |
| EDUCATION | | | | | | |
| Medical School: | | | Address: | | | |
| Country: | | | Degree: | | | Year Granted: |
| Current Postgraduate Training: | | | | | | |
| Current University: | | | Current Year of Training in Psychiatry:  PGY1  PGY2  PGY3  PGY4  PGY5 | | | |
| Postgraduate Medical Education | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | UNIVERSITY | ADDRESS | PERIOD | POSITION HELD | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | |
| Have you ever withdrawn or been required to withdraw from any postgraduate medical training program?  Yes  No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Have you ever been disciplined by a University or medical authority?  Yes  No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Have you ever had your medical license suspended or revoked in any jurisdiction?  Yes  No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| ACCOMPANYING DOCUMENTS | | | | | | |
| Document Checklist:  Application Form  Letter of Intent  Updated CV  Letter of Good Standing  Reference Letters (2) | | | Reference Letter 1: | | | |
| Reference Letter 2: | | | |
|  | | | | | | |
| Applicant Signature: | | | | | Date: | |
| This application must be submitted in full by midnight on **Wednesday, September 1, 2021** to:  Allie Singers, Secretary  Queen’s University, Department of Psychiatry  752 King Street West  Kingston, ON K7L 4X3  Phone: (613) 544-4900 ext. 53333  Fax: (613) 548-5580  Email: [singersa@providencecare.ca](mailto:singersa@providencecare.ca)  For further information about Subspecialty Training in Child & Adolescent Psychiatry, please contact Dr. Johanne Roberge, Program Director, Child & Adolescent Psychiatry Subspecialty Program at [Johanne.Roberge@kingstonhsc.ca](mailto:Johanne.Roberge@kingstonhsc.ca) or visit our website:  <https://psychiatry.queensu.ca/academics/subspecialties/child-adolescent-psychiatry> | | | | | | |
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