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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 |
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| UNIVERSITY | ADDRESS | PERIOD | POSITION HELD |
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| Have you ever withdrawn or been required to withdraw from any postgraduate medical training program?[ ]  Yes [ ]  NoIf yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been disciplined by a University or medical authority?[ ]  Yes [ ]  NoIf yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever had your medical license suspended or revoked in any jurisdiction?[ ]  Yes [ ]  NoIf 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, SecretaryQueen’s University, Department of Psychiatry752 King Street WestKingston, ON K7L 4X3Phone: (613) 544-4900 ext. 53333Fax: (613) 548-5580Email: singersa@providencecare.caFor 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 or visit our website:<https://psychiatry.queensu.ca/academics/subspecialties/child-adolescent-psychiatry> |
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