Application

Geriatric Psychiatry Subspecialty Program

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 ☐ Same as Mailing	Apt. #:	Number & Street:	City:
	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	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Have you ever withdrawn or been required to withdraw from any postgraduate medical training program?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 electronically submitted in full by Septemer 1, 2021 to:

Ms. Susan Beck
Education & Quality Program Assistant
Email: becks@providencecare.ca
Phone: (613) 544-4900 ext. 53334
Fax: (613) 548-5580

For further information about subspecialty training in geriatric psychiatry, please contact Dr. Maria Hussain, Program Director, Geriatric Psychiatry Subspecialty Program at:

hussainm@providencecare.ca

Please copy mh144@queensu.ca on all correspondence.

or visit our website: https://psychiatry.queensu.ca/academics/subspecialties/geriatric-psychiatry