**Memorial University of Newfoundland Child and Adolescent Psychiatry Subspecialty Application Form**

**Due: September 1, 2021**

**Department of Child and Adolescent Psychiatry**

**Janeway Children’s Health and Rehabilitation Centre**

**300 Prince Phillip Drive, St. John's, NL A1B 3V6**

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| **Complete all Sections. Please type or print clearly. Incomplete or illegible forms cannot be processed.** | | | | | | | | | | |
| Legal Surname | | | | | All legal given names in full (Indicate most commonly used) | | | | | |
| Current Postgraduate Training:  Please Specify Current University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Year of Training in Psychiatry: PGY 1 PGY 2 PGY 3 PGY 4 PGY 5  Has all of your training been completed at the above University and Program? YES NO  If NO, Please specify: | | | | | | | | | | |
| Former Surname | 3. Sex: | | | | 4. Date of Birth (yyyy/mm/dd) | | | | 5. Social Insurance Number | |
| Present Mailing address | Apt. # | No. & Street | | | | | | Area Code & Phone Number | | |
| City | | | Province | | Country | | | | Postal Code |
| Permanent Address   Same as Mailing address | Apt. # | No. & Street | | | | Area Code & Phone Number | | | | |
| City | Province | | | | Country | | | | Postal Code |
| Status in Canada   Canadian Citizen   Permanent Resident | | | Country of Citizenship | | | |  Medical Licensure  *Please Specify:* | | | |
| First Language   1. English   2. French   3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email Address | | | | | | | |
| Document Check List:   Application Form  Updated CV  Letter of Intent  Residency Experience Form  ITERs   Letter of Good Standing from Current Residency Program Director  Personal statement   Reference Letters (2-3): Provide names of each individual providing a reference letter and their relationship to you:  Reference Letter 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference Letter 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reference Letter 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **By signing this application you are confirming that all information on this document is true and that you understand that, as part of the application process, you agree to allowing us to contact your Program Director.**