**Application Form for September 1, 2022**

*Child and Adolescent Psychiatry Subspecialty Training Program*

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| Applicant Information | | | | | | |
| Name | |  | | | | |
| Present Address | |  | | | | |
| City |  | | Province |  | Postal code |  |
| Permanent address | |  | | | | |
| Telephone | | ( ) | | Fax | ( ) | |
| Email | |  | | Social Insurance No. |  | |
| Current Year of Residency | |  | | Proposed Start Date |  | |
| Return of Service agreement? | | 🞏 YES 🞏NO  If yes, please explain: | | | | |

**Please include with the above information:**

* Updated CV
* Letter of Intent or Personal Statement about choosing CAP subspecialty career
* List of Postgraduate training to date in General Psychiatry including:
  + Type of Rotations
  + Supervisors for Psychiatry rotations
  + Location and dates of rotations
  + All experiences in Child and Adolescent Psychiatry
* *A copy of:* ITERS from residency rotations, Medical Diploma from Medical School, General or Educational License
* Three reference letters
* A letter of good standing from your current program director if you are a candidate external to U of S, Department of Psychiatry.

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| --- | --- | --- | --- |
| ***Licensure and Employment*** | | | |
| A. Are you licensed to practice in the Province of Saskatchewan? | | | 0 Yes 0 No ON/A |
| If Yes: | General License: | Expiry Date: | |
| Education License Number: | Expiry Date: | |
| If No: | Are you eligible for the Educational License in Saskatchewan? | | 0 Yes 0 No ON/A |
| If No: | Are you registered with another Medical Licensing Body? | | 0 Yes 0 No ON/A |
| If YES, Specify: | | | Registration Number: |
|  | | |
| ***NOTE: You must arrange for written confirmation of your status as a member in good standing of your professional body to be sent to the office of Dr. Malin Clark. Your application will NOT be processed without it.*** | | | |
| B. Have you passed the Medical Council of Canada Evaluating Exam?  *(This does not apply to graduates of Canadian or U.S. Medical Schools)* | | | 0 Yes 0 No ON/A |
| C. Are you a licentiate of the Medical Council of Canada?  *LMCC Part I Score: LMCC Part II Score:* | | | 0 Yes 0 No Year: |
| D. Are you legally entitled to work in Canada?  *(Those entitled are Canadian Citizens or Landed Immigrants)* | | | 0 Yes 0No |

|  |  |
| --- | --- |
| 1. Have you ever been convicted of a criminal offense for which a pardon has not been granted? | 0 Yes 0No |
| 2. Have you ever been convicted of any other offence (for which a pardon has not been granted) that may affect your eligibility for SK Registration? | 0Yes 0No |
| 3. Are there charges pending for an alleged offence that may affect your eligibility for Saskatchewan Education Registration?  -' | 0Yes 0No |
| **If YES to any of the above, please provide details below:** | |
| 4. Have you ever been subject to a disciplinary hearing of a medical licensing authority, or a licensing authority within your discipline? | 0Yes 0No |
| **If YES, provide details below:** | |
| 5. Have you ever been denied licensure by a medical licensing authority or had such licensure revoked or limited? | 0 Yes 0No |
| **If YES, provide details below:** | |
| 6. Have you ever been disciplined, suspended or dismissed from an undergraduate or postgraduate educational program? | 0 Yes 0 No |
| **If YES, provide details below:** | |

**I hereby certify that the information on this form and attachments is true and complete. I understand that I shall be disqualified if information is withheld or false information has been provided and that any appointment already made or begun will be cancelled and all credit revoked.**

**Signature of Applicant Date**

*Please fax your completed application to:*

Ms. Blessing R. Madenga

Program Administrative Assistant Department of Psychiatry, Saskatoon, SK S7N 0W8 Fax: 306-844-1533

*~Thank you for your interest in the Child & Adolescent Subspecialty Training Program~*