

Child and Adolescent Psychiatry Subspecialty Training Program Application

APPLICANT INFORMATION					
Name					
Address					
City		Province		Postal Code	
Telephone	()		Fax	()	
Email			Social Insurance No.		
Current Year of Residency			Proposed Start Date		
Return of Service agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:				

Please include with your application:

- Updated CV
- Letter of Intent or Personal Statement about choosing a 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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<i>Licensure and Employment</i>		
A. Are you licensed to practice in the Province of Saskatchewan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If Yes:	General License:	Expiry Date:
	Education License Number:	Expiry Date:
If No:	Are you eligible for the Educational License in Saskatchewan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If No:	Are you registered with another Medical Licensing Body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES, Specify:		Registration Number: _____
<i>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. Madhav Sarda. Your application will <u>NOT</u> be processed without it.</i>		
B. Have you passed the Medical Council of Canada Evaluating Exam? <i>(This does not apply to graduates of Canadian or U.S. Medical Schools)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C. Are you a licentiate of the Medical Council of Canada? LMCC Part I Score: _____ LMCC Part II Score: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
D. Are you legally entitled to work in Canada? <i>(Those entitled are Canadian Citizens or Landed Immigrants)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

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1. Have you ever been convicted of a criminal offense for which a pardon has not been granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there charges pending for an alleged offence that may affect your eligibility for Saskatchewan Education Registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide details below:	
5. Have you ever been denied licensure by a medical licensing authority or had such licensure revoked or limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide details below:	
6. Have you ever been disciplined, suspended or dismissed from an undergraduate or postgraduate educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Nadine Loran
 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~