

## Application Form for September 1, 2020

### *Child and Adolescent Psychiatry Subspecialty Training Program*

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?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

<b><i>Licensure and Employment</i></b>		
A. Are you licensed to practice in the Province of Saskatchewan?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If No:	Are you registered with another Medical Licensing Body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If YES, Specify: _____		Registration Number:
_____		_____
<p><b><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. Malin Clark. Your application will <u>NOT</u> be processed without it.</i></b></p>		
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="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
C. Are you a licentiate of the Medical Council of Canada? <i>LMCC Part I Score: _____ LMCC Part II Score: _____</i>		<input type="radio"/> Yes <input type="radio"/> No Year: _____
D. Are you legally entitled to work in Canada? <i>(Those entitled are Canadian Citizens or Landed Immigrants)</i>		<input type="radio"/> Yes <input type="radio"/> No

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

**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. Laura White  
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~*