Subspecialty Application Instructions and Eligibility

Applications for all 3 Subspecialty Programs for a July 2020 start are due Monday, September 9, 2019.

Eligibility:

<table>
<thead>
<tr>
<th>Child and Adolescent Psychiatry Subspecialty Program:</th>
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<tbody>
<tr>
<td>All current PGY 4 or 5 residents are eligible to apply to the Child and Adolescent Psychiatry Subspecialty Program.</td>
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<tr>
<th>Forensic Psychiatry Subspecialty Program:</th>
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<td>All current PGY 5 residents are eligible to apply to the Forensic Psychiatry Subspecialty Program.</td>
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<tr>
<th>Geriatric Psychiatry Subspecialty Program:</th>
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<tr>
<td>All current PGY 4 or 5 residents are eligible to apply to the Geriatric Psychiatry Subspecialty Program.</td>
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For details about the programs, please refer to: [http://www.psychiatry.utoronto.ca/education/subspecialties/](http://www.psychiatry.utoronto.ca/education/subspecialties/)

Interviews will take place as follows:

- **Child and Adolescent Psychiatry:** October 23 (afternoon) and 24 (morning), 2019
- **Forensic Psychiatry:** October 7 – 18, 2019
- **Geriatric Psychiatry:** October 17, 2019

Submission Package:

Applications MUST be submitted electronically to: [subspecialty.psych@utoronto.ca](mailto:subspecialty.psych@utoronto.ca)

All applications are to be completed by the submission deadline of **Monday, September 9, 2019**:

An application is deemed to be complete when all of the following components have been received:

1. Application Form: fully completed and signed
2. Updated CV. Areas to cover should include, but are not limited to, educational background, scholarly activities, and other accomplishments.
3. Personal statement (suggested maximum of 750 words). Areas to cover should include, but are not limited to, your interest in the subspecialty, your interest in applying to the University of Toronto specifically, your suitability as an applicant, and your possible career goals.
4. Residency Experience Form: fully completed
5. Copy of your ITERS from your General Psychiatry training
6. *Letter of Good Standing from current Residency Program Director
7. *2 Reference Letters (do not send more than 2). Letters should comment on your suitability to enter the subspecialty, as well as your competency in each of the Royal College CanMEDS roles (Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional)
Note that each of these components contributes to the evaluation of your application, and should be prepared with appropriate care with respect to content and formatting.

Please have each of these items submitted to: subspecialty.psych@utoronto.ca by September 9, 2019. The Letter of Good Standing and 2 Reference Letters should be sent directly by your Program Director and Referees, respectively, with the email subject line “Letter of Good Standing – Applicant’s Name” or “Subspecialty Reference Letter – Applicant’s Name.”

Any questions regarding the process can be directed to Sandra Caswell at subspecialty.psych@utoronto.ca or 416-535-8501 x30868
Subspecialty Application Form: DUE MONDAY, SEPTEMBER 9, 2019
250 College Street, Room 832, Toronto, Ontario M5T 1R8
http://www.psychiatry.utoronto.ca/education/subspecialties/

Subspecialty Applied For:
- Child & Adolescent
- Forensic
- Geriatric

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 done at the above University and Program? 
- YES
- NO

If NO, Please specify:

Former Surname

3. Sex
- M
- F

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

Apt. #
No. & Street
Area Code & Phone Number

City
Province
Country
Postal Code

Same as Mailing address

Status in Canada
- Canadian Citizen
- Permanent Resident
- Student Authorization
- Other

Country of Citizenship

Medical Licensure Please Specify:

First Language
- 1. English
- 2. French
- 3. Other ___________________________

Email Address

Document Check List:
- Application Form
- Letter of Intent
- Updated CV
- Residency Experience Form
- ITERs

*Letter of Good Standing from Current Residency Program
*Reference Letters (2 required) – Please provide names of each individual providing a reference letter and their relationship to you:

Reference Letter 1: ______________________________________________________________

Reference Letter 2: ______________________________________________________________

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