

Residency Training Program in Child and Adolescent Psychiatry

Application Process

The Department of Psychiatry at the University of Ottawa is proud to offer an accredited Residency Training Program in Child and Adolescent Psychiatry.

Applicants:

- Must be eligible to write the RCPSC (Royal College of Physicians and Surgeons of Canada) examination in general psychiatry.
- Must be eligible for an educational license through the College of Physicians and Surgeons of Ontario.
- Must be a Canadian citizen or landed immigrant.

The Child and Adolescent Psychiatry Residency Training Program has also the capacity to accommodate self-funded and other applicants where alternate sources of funding are available.

For consideration of enrolment in this program, please submit the following to the attention of:

By mail:

Dr. Marijana Jovanovic
Program Director – Child and Adolescent Psychiatry
Children's Hospital of Eastern Ontario
6W – 401 Smyth Rd
Ottawa, ON
K1H 8L1

By email:

jricard@cheo.on.ca

Please include the following:

- A letter of intent
- Completed application form
- Three letters of reference
- An updated C.V.
- Letter of "Good Standing" from your current PD
- ITERs or ITARs to date (if applicable)

Late applications will be considered on a case-by-case basis.

All eligible applicants will have their file reviewed by the Residency Program Committee. A short list of applicants will be selected for interviews. The Residency Program Committee will inform applicants of the results of the selection process.

Subspecialty Application Form

451 Smyth Road, Ottawa, Ontario K1H 8M5

Complete all Sections. Please type or print clearly. Incomplete or illegible forms cannot be processed.

Subspecialty Applied For: <input type="checkbox"/> Child <input type="checkbox"/> Geriatric <input type="checkbox"/> Forensics	Legal Surname	All legal given names in full (Indicate most commonly used)
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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. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other <input type="checkbox"/> prefer not to say	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	
	<input type="checkbox"/> Same as Mailing address	City	Province	Country

Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Authorization <input type="checkbox"/> Other	Country of Citizenship	<input type="checkbox"/> Medical Licensure Please Specify:
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Languages in Which You Are Fluent <input type="checkbox"/> 1. English <input type="checkbox"/> 2. French <input type="checkbox"/> 3. Other _____	Email Address
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Document Check List:

Application Form Letter of Intent Updated CV
 *Reference Letters (3 required) – Please provide names of each individual providing a reference letter and their relationship to you:

Reference Letter 1: _____

Reference Letter 2: _____

Reference Letter 3: _____

**NB: Please have each of these items submitted directly to the subspecialty program assistant.*

Signature of Applicant: _____