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| **Attachment Checklist**  ***To be completed by the Fellow. Please include all (applicable) documents listed below and email to:*** [***psych.fellows@utoronto.ca***](mailto:psych.fellows@utoronto.ca) |
| Department of Psychiatry Fellowship Application Form (all sections completed, all signatures obtained) |
| PGME Educational Objectives form (for Clinical Fellowship applications *only.* Must be completed by the supervisor.) |
| Copy of your current Curriculum Vitae (CV) which must include the following information:   * trainee’s date of birth, country of birth, residential address (on page one) * current employment |
| Two (2) Letters of Reference (must be on letterhead and signed) from the Director of a residency program, or other graduate training program. Please enter the names and contact information for your referees below: |
| Copy of original medical degree, in addition to English translation if applicable (translations must be from the Canadian Embassy or the [**Association of Translators and Interpreters of Ontario**](http://www.atio.on.ca/))  Copy of original specialty certification, in addition to English translation if applicable (translations must be from the Canadian Embassy or the [**Association of Translators and Interpreters of Ontario**](http://www.atio.on.ca/)) |
| ☐ Copy of your TOEFL iBT (TOEFL, TSE) or IELTS results (international applicants) |
| Copy of your passport photo I.D. page |
| Written confirmation of your status as a member in a good standing within your professional body/program |
| Letter of offer from the teaching Centre or site – must indicate fellowship start and end dates and outline funding arrangements. Please note that clinical fellows must secure funding at a minimum of **$65,000** (CAD)/annum (full-time position). Effective Jan. 1, 2025, the minimum fellow stipend will increase to **$78,190.61** (CAD)/annum.  Salary Support Letter (proof of funding) –an official letter required as evidence that you will receive adequate funding during your fellowship term. Only applicable if funding will be external to the training site. |

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| *Please note that the application form must be fully completed, and all required attachments, signatures, and supporting documents must be submitted as a complete package* |
| PART 1 —Personal Information (to be completed by the candidate) |
| First Name:  Middle Name(s):  Last Name:  Country of Birth:  Citizenship:  Date of Birth (i.e. 31-Dec-84): |
| Permanent Address  Street:  City:  Province/State/Region:  Postal Code/ZIP:  Country: |
| Toronto Address  Street Address:  City:  Province/State/Region:  Postal Code/ZIP:  Country:  I do not have a Toronto address at present |
| Other Contact Information  Cell Phone:  Home Phone:  Toronto Phone Number:  Primary Email Address:  Secondary Email Address: |
| U of T Student Number:  Resident Number: |

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| **PART 2 —Outline of Proposed Fellowship** | |
| Dates of Proposed Fellowship:  Start Date: End Date:  *\*Please note that the dates you provide above must match the dates on your educational objectives and site letter of offer.* | |
| Fellowship Activities – Please enter the projected time that will be spent in each activity (as a percentage):  Clinical: Research: Teaching: | |
| Postgraduate courses to be taken during Fellowship:  Not Applicable  Type:  Institution: | |
| Supervisor First Name:  Supervisor Last Name: | Co-Supervisor First Name:  Co-Supervisor Last Name: |
| Location  Teaching Centre where Fellow will be located: | |
| Funding Details  *Indicate the source of your funding for the duration of the fellowship:*  Funding Details:  Funding Amount per Annum (Canadian Dollars):  *Please note that clinical fellows must secure funding at a minimum of $65,000 (CAD) per annum (full-time position).* | |
| Maximum number of clinical hours per week: | |

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| Summary of Proposed Fellowship - A typed summary of the proposed Fellowship, no more than two (2) pages long. Should be developed in consultation with your supervisor and include the following:   1. Your educational goals for the fellowship   b) Proposed research /scholarly activity  b) Your career plans |

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| **Summary of Proposed Fellowship – CONTINUED** |
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| PART 3 —Licensure, Employment | | |
| Are you legally entitled to work in Canada (those entitled are Canadian citizens or permanent residents)? | | |
| Are you licensed to practice in the province of Ontario?  If “Yes” please enter the following information:  General License Number:  Expiry Date:  Educational License Number:  Expiry date:  If “No,” are you eligible to for the Educational Register in Ontario?  If “N/A,” are you registered with another Clinical Professional Body?  Name of the Clinical Professional Body: Registration Number: | | |
| Have you passed the Medical Council of Canada Evaluating Examination?  *(this does not apply to graduates of Canadian or U.S. medical schools)* | *If “yes” please enclose a legible copy of your results* | |
| PART 4 – Academic History | | |
| |  |  |  | | --- | --- | --- | | Degree/Diploma | University/Institution | Dates Attended | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |
| |  |  |  | | --- | --- | --- | | Current Appointment(s) | Nature of Appointment | Hospital/University Affiliation, Location | |  |  |  | |  |  |  | |  |  |  | | | |
| Part 4 — Declaration – must be completed by all applicants | | |
| 1. Have you ever been convicted of a criminal offence for which a pardon has not been granted? | | Yes  No |
| 1. Have you ever been convicted of any other offence (for which a pardon has not been granted) that may affect your eligibility for Ontario Educational Registration? | | Yes  No |
| 1. Are there charges pending for an alleged offence that may affect your eligibility for Ontario Educational Registration? | | Yes  No |
| IF YES to any of the above, please provide details below: Click here to enter text. | | |
| 1. Have you ever been subject to a disciplinary hearing of a medical licensing authority, or a licensing authority within your discipline? IF YES, provide details below: | | Yes  No |
| 1. Have you ever been denied licensure by a medical licensing authority or had such licensure revoked or limited? IF YES, provide details below: | | Yes  No |
| 1. Have you ever been disciplined, suspended or dismissed from an undergraduate or postgraduate educational program? IF YES, provide details below: | | Yes  No |
| In Submitting this application, and providing my signature below, I understand that my education and training during this Fellowship will NOT be accredited towards Royal College of Physicians and Surgeons of Canada Certification of Fellowship. | | |
| 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. | | |
| As of January 2012, the College of Physicians and Surgeons of Ontario (CPSO) requires all International Medical Graduates to have their documents verified through the Physician Credentials Registry of Canada (PCRC). This process can take several weeks/months to complete. Individuals are advised to contact PCRC immediately upon notification of acceptance by PGME and the Fellowship Office. Please visit the [PCRC website](http://www.pcrc.org/) for details | | |

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| **Applicant’s Signature** | **Date** |

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| PART 5 – Supervisor’s Statement and Approvals *(must be completed by the fellowship supervisor)* | |
| Description of Research, Teaching, and Clinical Activities of the Fellow: | |
| Research: | |
| Teaching: | |
| Clinical: | |
| In providing my signature below, I — the supervisor — acknowledge that I have reviewed the entire application and required attachments. As such, I deem this candidate suitable for a fellowship. I will supervise him or her for the entirety of the fellowship term noted on page two (2) of this application. | |
| Supervisor’s Signature | Date |

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| *PART 6 –*Departmental and Site Approvals *NB:* Please note that all signatures must be obtained from the Department of Psychiatry in order for the application to be processed. | | |
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| Hospital/Site Fellowship Coordinator/Director | Signature | Date |
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| Fellowship Program Director | Signature | Date |