

Subspecialty Application Instructions and Eligibility

Applications for all 3 Subspecialty Programs for a July 2023 start are due
Thursday, September 1, 2022.

Eligibility:

Child and Adolescent Psychiatry Subspecialty Program:

All current PGY 4 or 5 residents are eligible to apply to the Child and Adolescent Psychiatry Subspecialty Program.

Forensic Psychiatry Subspecialty Program:

All current PGY 5 residents are eligible to apply to the Forensic Psychiatry Subspecialty Program.

Geriatric Psychiatry Subspecialty Program:

All current PGY 4 or 5 residents are eligible to apply to the Geriatric Psychiatry Subspecialty Program.

For details about the programs, please refer to:

<http://www.psychiatry.utoronto.ca/education/subspecialties/>

Interviews will take place as follows:

Child and Adolescent Psychiatry: October 13 & 14, 2022

Forensic Psychiatry: October 5, 6 & 7, 2022

Geriatric Psychiatry: October 11, 2022

Submission Package:

Applications MUST be submitted electronically to: subspecialty.psych@utoronto.ca

All applications are to be completed by the submission deadline of **Thursday, September 1, 2022**

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 (including off-service rotations and psychotherapy). ITERS for each PGY year should be saved together and labelled appropriately.
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). However, if you are also applying to another program that requires reference letters to be in a specific format, we will accept that format as well. Please note that for



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applicants to the Child and Adolescent Psychiatry subspecialty program, members of the admissions committee may not write a reference letter.

*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.”

Note that each component of the submission package 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 1, 2022**.

Any questions regarding the process can be directed to Sandra Caswell at subspecialty.psych@utoronto.ca



Subspecialty Application Form: **DUE SEPTEMBER 1, 2022**

250 College Street, Room 832, Toronto, Ontario M5T 1R8

<http://www.psychiatry.utoronto.ca/education/subspecialties/>

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

Subspecialty Applied For: <input type="checkbox"/> Child & Adolescent <input type="checkbox"/> Forensic <input type="checkbox"/> Geriatric	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:

Present Mailing address	Apt. #	No. & Street		Area Code & Phone Number	
	City	Province	Country	Postal Code	

Permanent Address <input type="checkbox"/> Same as Mailing address	Apt. #	No. & Street		Area Code & Phone Number	
	City	Province	Country	Postal Code	

Please confirm that you are legal entitled to work in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical Licensure Please Specify:
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Email Address:

Document Check List: <input type="checkbox"/> Application Form <input type="checkbox"/> Personal Statement <input type="checkbox"/> Updated CV <input type="checkbox"/> Residency Experience Form <input type="checkbox"/> ITERs <input type="checkbox"/> *Letter of Good Standing from Current Residency Program Director <input type="checkbox"/> *Reference Letters (<u>only</u> 2 required) – Please provide names of individuals providing a reference letter and their relationship to you: Reference Letter 1: _____ Reference Letter 2: _____
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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 allow us to contact your Program Director