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 Leanna Isserlin  
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 PDs
- ITERs to date

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:  
☐ Child  ☐ Geriatric  ☐ Forensics  

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: ___________________________

Languages in Which You Are Fluent:

☐ 1. English  ☐ 2. French  ☐ 3. Other ___________________________

Email Address: ___________________________

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: ____________________________________________