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### APPLICATION FORM

<b>Complete All Sections</b>			
Legal Surname		All Legal Given Names in Full (Most Commonly Used)	
Date of Birth (yyyy/mm/dd)		Current University and Current Year of Training	
Present Mailing Address	Apt.#	No. & Street	Phone Number
	City		Province Postal Code
Permanent Address  <input type="checkbox"/> Same as Mailing Address	Apt.#	No. & Street	Phone Number
	City		Province Postal Code
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	Medical Licensure, Please Specify
Language in Which You Are Fluent <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____		Email Address	
<b>Document Check List</b> <input type="checkbox"/> Application Form <input type="checkbox"/> Letter of Intent <input type="checkbox"/> Current CV <input type="checkbox"/> Letter of Good Standing from Current Residency Program <input type="checkbox"/> Reference Letters: Please provide names of your referees and their relationship to you <input type="checkbox"/> Evaluations from previous psychiatric rotations  Reference Letter 1: _____ Reference Letter 2: _____ Reference Letter 3: _____			

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_