

The Hospital for Sick Children

Application for Pediatric Radiology Fellowship starting January 2026 / July 2026

I am available to start: January 2026 July 2026 January or July 2026

Preferred Pediatric Fellowship <input type="checkbox"/> General Radiology ↳ Length of training: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years		<input type="checkbox"/> Neuroradiology (1 year) <input type="checkbox"/> Interventional Radiology (1 year) <input type="checkbox"/> Cardiac Imaging (1 year) <input type="checkbox"/> Nuclear Medicine - Self-Funded only (1 year)	
<p>* See Page 3 for important application dates and deadlines *</p>			
Name <hr/> <div style="display: flex; justify-content: space-around;"> <i>Last</i> <i>First</i> <i>Middle</i> </div>			
Mailing address		Cell/mobile phone number	
Permanent address		Business Telephone number	
E-mail address		Languages spoken fluently:	
Alternate e-mail address			
Current position (specify institution)			

Funding

Are you applying for a funded position or will you be arranging your own funding? (Please see page 3 for definitions of "Funded" & "Self-Funded")	
<input type="checkbox"/> Funded by SickKids	<input type="checkbox"/> Self-Funded Source of Funding ►

References

Please have each of three referees send letters of reference directly to the Fellowship Program Director at the address listed below. **Letters must be dated 2024.** Letters should not accompany this application. One of your referees should be your Radiology Residency Program Director (or equivalent individual). If your Program Director cannot provide a reference, attach an explanation. An application is not complete until three letters of reference have been received separately by the Fellowship Program Director.

Name of referee	Address	Telephone Number
1.		
2.		
3.		

Professional Certification

<p>Professional Certification (licenses, specialty certificate, etc)</p>

<p>Radiology Certification (e.g., FRCPC, FRCR, ABR, etc.)</p>
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<p><input type="checkbox"/> Certifying body: _____</p> <p><input type="checkbox"/> Certifying country: _____</p> <p><input type="checkbox"/> Date certified: _____</p> <p><input type="checkbox"/> Not certified - anticipated date of certification: _____</p>

<p>Medical school</p>		
University/location	Program/degree	Date

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<p>Radiology training</p>		
Program name/location	Details	Date

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<p>Post-residency fellowship or staff position</p>		
Program name/institution	Details	Date

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I hereby certify that the information given 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 in progress will be cancelled and all credit revoked.

Date: Click here to enter a date.

Signature: _____

Name (print): _____

WHERE AND WHEN TO SUBMIT YOUR COMPLETED APPLICATION AND REFERENCES:

1 WE ARE ACCEPTING APPLICATIONS FOR JANUARY AND JULY 2026 AS FOLLOWS:

FELLOWSHIP APPLICATION DEADLINES			
FOR POSITIONS STARTING	POSITIONS AVAILABLE		APPLICATION PROCESS IMPORTANT DATES AND DEADLINES (APPLIES TO FELLOWSHIPS STARTING IN JANUARY OR JULY 2026)
January 2026		Funded by SickKids	Self-Funded
	General	Yes	Yes
	Neuroradiology	No	Yes
	Cardiac Imaging	No	Yes
July 2026	General	Yes	Yes
	Neuroradiology	Yes	Yes
	Interventional	Yes	Yes
	Cardiac Imaging	Yes	Yes
	Nuclear Medicine	No	Yes

* For international applicants, explicitly those that are not enrolled in an ACGME- or RCPSC-accredited program, the application process will open on October 1, 2023 and will close on November 10, 2023.

* For applicants that at the time of the application are enrolled in an ACGME- or RCPSC-accredited program, the application process will open on November 1, 2023 and will close on November 10, 2023.

2 COMPLETE PAGES 1, 2 AND 3 AND RETURN WITH:

- Applicant's introduction letter
- Curriculum vitae

The completed application and attachments are to be e-mailed to: submitted through Redcap and any inquires can be sent to dir.fellowship@sickkids.ca

3 REFERENCE LETTERS MUST BE DATED 2024 AND BE ADDRESSED TO:

Dr. Oscar Navarro,
 Director, Fellowship Program
 The Hospital for Sick Children
 Department of Diagnostic Imaging
 555 University Avenue
 Toronto, Ontario M5G 1X8
 E-mail: oscar.navarro@sickkids.ca
 Fax: 416-813-8389

and must be e-mailed **separately** from your application package by the referee to dir.fellowship@sickkids.ca and cc Dr. Oscar Navarro

4 DEFINITIONS:

Funded Position*

Our funded fellows receive a salary of approximately \$78,715 per year. The fellowship programs have a minimum of one-year duration.

Self-Funded Position*

Self-funded positions are not funded by us. Candidates obtain their own source of income.

These positions are most commonly filled by candidates who are sponsored by the governments of their country of origin or by specific institutions who pay a salary and additional costs (accommodation, meals, transportation, insurances, pension plans, etc). Occasionally, we have candidates who can afford these expenses on their own and come privately without sponsoring. In all cases, candidates applying for a self-funded position have to show proof of income (official government or institutional letter, bank statement, etc) to the University of Toronto to verify that enough funding would be available for the candidate during their fellowship.

Currently the recommendation from the University of Toronto is a minimum of approximately CDN \$50,000 per year for a single applicant and CDN \$100,000 per year for an applicant with three dependants for this purpose.

* *Apart from the funding, there are no other differences between the funded and self-funded positions.*