

 **The Hospital for Sick Children**

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| **Application for Pediatric Radiology Fellowship starting January 2025 / July 2025**I am available to start: [ ]  January 2025 [ ]  July 2025 [ ]  January or July 2025 |
| **Preferred Pediatric Fellowship**  [ ]  **General Radiology**  **⮡**  *Length of training:* [ ]  1 year [ ]  2 years**\*** See Page 3 for important application dates and deadlines **\*** | [ ]  N**euroradiology** (1 year)[ ]  **Interventional Radiology** (1 year)[ ]  **Cardiac Imaging** (1 year)[ ]  **Nuclear Medicine** - Self-Funded only (1 year) |
| Name |
|  |       |  |       |  |       |  |
| *Last* | *First* | *Middle* |
| Mailing address      | Cell/mobile phone number      |
| Permanent address       | Business Telephone number      |
| E-mail address       Alternate e-mail address        | Languages spoken fluently:        |
| Current position (specify institution) |       |

**Funding**

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| 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”)* |
| [ ]  Funded by SickKids | [ ]  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 2023. 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.

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

**Professional Certification**

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| ***Professional Certification***(licenses, specialty certificate, etc) |
| ***Radiology Certification***(e.g., FRCPC, FRCR, ABR, etc.) |
| [ ]  Certifying body:       [ ]  Certifying country:       [ ]  Date certified:       [ ]  Not certified - anticipated date of certification:        |
| ***Medical school*** |
| University/location | Program/degree | Date |
|       |       |       |
| ***Radiology training*** |
| Program name/location | Details | Date |
|       |       |       |
| ***Post-residency fellowship or staff position*** |
| Program name/institution | Details | Date |
|       |       |       |

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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ❶ **We are accepting applications for January and July 2025 as follows:**

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| **Fellowship Application Deadlines** |
| **For positions starting** | **Positions Available** | **Application process** **important dates and deadlines****(applies to fellowships starting in****January or July 2025)** |
| **January 2025** |  | **Funded by** **SickKids** | **Self-Funded** | \* 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. |
|  **General** | **Yes** | **Yes** |
|  **Neuroradiology** | **No** | **Yes** |
|  **Cardiac Imaging** | **No** | **Yes** |
| **July 2025** |  **General** | **Yes** | **Yes** |
|  **Neuroradiology** | **Yes** | **Yes** |
|  **Interventional** | **Yes** | **Yes** |
|  **Cardiac Imaging** | **Yes** | **Yes** |
|  **Nuclear Medicine** | **No** | **Yes** |

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| ❷ **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:** katherine.mclaren@sickkids.ca |
| ➌ **Reference letters must be dated 2023 and be addressed to:**Dr. Oscar Navarro,Director, Fellowship ProgramThe Hospital for Sick ChildrenDepartment of Diagnostic Imaging555 University AvenueToronto, Ontario M5G 1X8E-mail: oscar.navarro@sickkids.caFax: 416-813-8389and must be e-mailed **separately** from your application package by the referee to Dr. Oscar Navarro or katherine.mclaren@sickkids.ca. |
| ➍ **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.* |