

**The Hospital for Sick Children**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Pediatric Radiology Fellowship starting July 2024** | | | | | | | |  | |
| **Preferred Pediatric Fellowship** (application deadline August 31, 2022)  **General Radiology**  *Length of training:*  🠟  1 year  2 years | | | | | 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**

|  |  |
| --- | --- |
| 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 2022. 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**

|  |  |  |
| --- | --- | --- |
| ***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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ❶ **We are accepting applications for July 2024 as follows:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Fellowship Application Deadlines** | | | | | | | **For positions starting** | **Positions Available** | | | **Application**  **process opens** | **Application process closes** | | **July 2024** |  | **Funded by**  **SickKids** | **Self-Funded** | **June 15, 2022** | **August 31, 2022** | | **General** | **Yes** | **Yes** | | **Neuroradiology** | **Yes** | **Yes** | | **Interventional** | **Yes** | **Yes** | | **Cardiac Imaging** | **Yes** | **Yes** | | **Nuclear Medicine** | **No** | **Yes** | |
| 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 2022 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 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.* |