SickKids
THE HOSPITAL FOR SICK CHILDREN

UNIVERSITY OF TORONTO

# DIVISION OF DERMATOLOGY
# DEPARTMENT OF PAEDIATRICS THE HOSPITAL FOR SICK CHILDREN
# UNIVERSITY OF TORONTO
# APPLICATION FOR POSTGRADUATE FELLOWSHIP TRAINING IN PAEDIATRIC DERMATOLOGY

**COMPLETED POSTGRADUATE TRAINING IN:**

☐ Paediatrics ☐ Dermatology

**For which fellowship program would you like to be considered? Please select one OR MORE of the following:**

☐ Clinical Paediatric Dermatology Fellowship ☐ Advanced Fellowship in Epidermolysis Bullosa

☐ Advanced Fellowship in Paediatric Inflammatory Dermatoses

## TRAINING DATES / DEADLINE

**2028/2029 Academic year: July 1st, 2028 to June 30th, 2029**
**Application Deadline: December 31st, 2026**

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## CONTACT INFORMATION

Name

Surname Middle First

Permanent Address

Street Number Street Name

City Province, Country Postal/Zip Code

Current Mailing Address
(if different from above)

Street Number Street Name

City Province, Country Posta/Zip Code

Telephone Numbers _____

Primary Secondary

Email Adresses _____

Primary Alternate

Social Insurance Number (If Canadian) _____

Country of Birth _____

**CITIZENSHIP STATUS: (please check one)**

☐ Canadian Citizen

☐ Landed Immigrant (Please enclose a copy, front and back, of your Permanent Resident Card)

☐ Work Permit Visa Required

**LICENSING:**

Are you currently licensed to practice medicine in the Province of Ontario? Yes ☐ No ☐

If yes: Independent practice license number _____ Expiry date _____

**OR**

Ontario postgraduate certificate of registration number _____ Expiry Date _____

Have you ever been subject to any disciplinary action or license suspension by any licensing authority? If so, please provide details in an accompanying letter. _____

**EDUCATION AND TRAINING:**

**A) Medical School:**

Institution and Location | Year of Graduation | Degree earned

**B) Internship:**

Institution and Location | Type of Internship | Start & End Dates

**C) Postgraduate Residency and Fellowship Training:**

Position | Institution and Location | Start & End Dates

Position | Institution and Location | Start & End Dates

| Position | Institution and Location | Start & End Dates |
|---|---|---|
| Position | Institution and Location | Start & End Dates |
| Position | Institution and Location | Start & End Dates |

**D) Specialty Certification:**

| Type | Date Received |
|---|---|
| Type | Date Received |
| Type | Date Received |

**FUNDING: (Please check one of the following)**

- ☐ No Funding
- ☐ Funding Available, please specify: _____
- ☐ Other, please specify: _____

**REFERENCES:**

**Please provide three (3) references along with their titles and emails.** One must be from your current Program Director or current Supervisor. Please notify your references they will be sent a reference form via email to be completed before the deadline of December 31st, 2025.

1. _____
2. _____
3. _____

Please give name, address, telephone number and relationship of an individual to be contacted in case of emergency:

_____

_____

**I certify that the information provided in this application is correct and complete, to the best of my knowledge.**

Signature of Applicant _____ Date _____

Please include the following documents with the completed application form:

1) A cover letter in which you highlight your reasoning for selecting the SickKids paediatric dermatology fellowship, how your experiences have shaped your decision to pursue a career in paediatric dermatology, and your future career goals, in addition to any other information you feel might be important to support your application.
2) A current CV demonstrating past education and employment experience where applicable; relevant paediatric dermatology experience; scholarly activities, including research, presentations, publications and teaching/educational scholarship; extra-curricular and/or advocacy activities; and awards received.
3) Three reference letters from referees who can objectively assess your qualifications for the paediatric dermatology fellowship. Please use the **Pediatric Dermatology Standard Reference Letter** and email 3 reference letters back directly from your three referees to paedsdermatology.fellowship@sickkids.ca or lynn.huang@sickkids.ca.
4) Scanned Copy of Medical Degree (including translation if applicable).
5) Scanned Copy of Paediatric and/or Dermatology Specialty Certificate (including translation if applicable) OR a Letter of Good Standing from your current Program Director, indicating the expected date of residency completion.
6) Proof of Landed Immigrant Status (if applicable) or current Citizenship document.
7) Your Valid Passport info page.

**PLEASE ENSURE ALL DOCUMENTS ARE CLEAR AND IN PDF FORMAT.**

**Submit completed application package directly to:**

**Dermatology Education Coordinator**
**Email: paedsdermatology.fellowship@sickkids.ca or lynn.huang@sickkids.ca**