# The Hospital for Sick Children

## Application for Pediatric Radiology Fellowship starting January 2026 / July 2026

I am available to sta	rt:	2026	or July 2026	
Preferred Pediatric Fellowship				
General Radiology  Length of training:  1 year  2 years  ★ See Page 3 for important application date	es and deadlines *	<ul> <li>Neuroradiology (1 year)</li> <li>Interventional Radiology (1 year)</li> <li>Cardiac Imaging (1 year)</li> <li>Nuclear Medicine - Self-Funded only (1 year)</li> </ul>		
Name				
Last	First		Middle	
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)				
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 □ Sponsored Source of Funding ► □ Self-Funded Source of Funding ► □ 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 Proguntil three letters of reference have been rece			n. An application is not complete	
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: Signature: Click here to enter a date. Name (print):

### WHERE AND WHEN TO SUBMIT YOUR COMPLETED APPLICATION AND REFERENCES:



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

For Positions Starting	Positions Available	Funded	Self-Funded
January 2026	Neuroradiology	No	Yes
July 2026	General	Yes	Yes
	Neuroradiology	Yes	Yes
	Cardiac Imaging	Yes	Yes
	Interventional Radiology	Yes	Yes
	Nuclear Medicine	No	Yes



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

- Applicant's letter of intent
- Curriculum vitae

The completed application and attachments are to be submitted through Redcap and any inquiries can be sent to dir.fellowship@sickkids.ca

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

Dr. Oscar Navarro, Director, Fellowship Program The Hospital for Sick Children Department of Diagnostic & Interventional Radiology 555 University Avenue Toronto, Ontario M5G 1X8

and must be submitted separately from your application package by the referee directly to dir.fellowship@sickkids.ca



# **DEFINITIONS:** (edit using redcaps info)

#### Funded through SickKids

Funding is provided by SickKids Hospital/ The Department of Diagnostic Imaging & Interventional Radiology. Our funded fellows receive a salary of approximately \$78,715 per year.

#### **Sponsored through Sponsoring Agency**

Applicants are sponsored by a Government Agency, Ministry of Health Agency, or home hospital authority that have an agreement with the University of Toronto. This includes international applicants from the following countries Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and UAE.

#### **Self-Funded Position\***

The applicant (you) has secured funding from an organization outside of SickKids. SickKids will not provide funding for salary or additional costs (accommodation, meals, transportation, insurance, pension plans, etc).

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, sponsored and self-funded positions.