



Newfoundland Labrador

APPLICATION FOR PSYCHIATRY RESIDENCY BURSARY PROGRAM

Applicant Information

Name: _____

Mailing Address: _____

Phone #: _____ Pager # _____

Email: _____

Educational Information

Area of Specialty: _____

Area of Sub-Specialty: _____

Year Residency Program commenced: _____

Year Residency Program to be completed: _____

PGY level as of **July 1**: _____

Med School attended and Grad Year: _____

Confirmation of Previous Funding

Have you previously received funding under this or any other program offered by the Dept. of Health and Community Services
 Yes **No** If yes please provide details: _____

Have you received funding from a Regional Health Authority in the province? **Yes** **No** If yes please provide details:

Practice Plans

In which areas/communities of the province would you prefer to practice:

1. _____ 2. _____ 3. _____

Have you contacted Regional Health Authorities within the province: **Yes** **No** (Please attach any supporting documentation)

Please attach three (3) reference letters or submit by separate cover before **June 30**.

Applicant Signature: _____ **Date:** _____