

Undergraduate Education
(start with most recent education)

Name of Institution, School and or Department and Location	Major Field of Study	Month & Year	Degree, if any	Equivalent U.S. Degree

Relevant Work Experience
(include major positions held starting with most recent)

Name and Location of Employer	Position Title	From (Date)	To (Date)

Publications (Use additional sheet if necessary):

Names and contact information of three persons asked to write letters of recommendation:

Narrative:

1. Why do you want to pursue child psychiatry?

2. What past experience have influenced this decision?

Return To: Daniel F. Connor, MD
Division Chief of Child and Adolescent Psychiatry &
Training Director of Child and Adolescent Psychiatry
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-1410
Telephone: (860) 679-8348
Fax: (860)-679-4326
E-mail: connor@psychiatry.uhc.edu

LETTER ATTESTING TO GENERAL PSYCHIATRY BOARD ELIGIBILITY
To be completed by Training Director

From: Training Director: _____
General Psychiatry Training Program

RE: Applicant: _____

This is to verify that Dr. _____ entered our program as a PGY _____
on _____ (mo/day/year). She/he will have satisfactorily completed the following training:

Please enter the number of months completed by date of entering child and adolescent psychiatry training.

- _____ 4 months of internal medicine
- _____ 2 months of neurology
- _____ 6 months of inpatient psychiatry (no more than 18 months inpatient psychiatry)
- _____ 12 months **continuous** outpatient psychiatry (time cannot be broken)
- _____ 2 months of child and adolescent psychiatry
- _____ 2 months consultation liaison psychiatry
- _____ 1 month geriatric psychiatry
- _____ 1 month addiction psychiatry

She/he has/will have had experience in (please check)

- _____ community psychiatry
- _____ forensic psychiatry

This resident is in good standing at our institution. Yes or No

If no, please explain: _____

Dr. _____ left/will leave our program on _____ (mo/day/year)

Dr. _____ must complete the following psychiatry training to satisfy
General Psychiatry Board Eligibility requirements: _____

Signature of General Psychiatry Training Director: _____ Date: _____

Please return this form along with letter of recommendation to:

Daniel F. Connor, MD
Division Chief of Child and Adolescent Psychiatry &
Training Director of Child and Adolescent Psychiatry
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-1410
Telephone: (860) 679-8348
Fax: (860)-679-4326
E-mail: connor@psychiatry.uhc.edu

PERMISSION TO CONTACT REFERENCES
TO BE COMPLETED BY APPLICANT

Dear Training Director:

I give permission to the Child & Adolescent Psychiatry Residency program at the University of Connecticut Health Center, School of Medicine to contact my Training Director as well as the other individuals who have provided letters of recommendation at my request.

Applicant's name (printed)

Date

Applicant's Signature

Date

~~~~~  
\_\_\_\_\_  
Training Director (reference # 1)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Reference # 2

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Reference # 3

\_\_\_\_\_  
Phone number

Please submit the following documentation with your application:

1. Application

2. Curriculum Vitae

*Please cover all months since graduating from medical school. Explain any time gaps in your training or work in a separate letter.*

3. Letters of Reference (3 required)

*One letter must be from your current Training Director. The two additional letters must be from faculty you have worked with*

4. Personal Statement

5. Proof of USMLE scores

6. Letter attesting to General Psychiatry Board Eligibility

7. Verification of prior residency form

8. Proof of ECFMG

9. Proof of Citizenship

10. Permission to Contact References form

*Please date and sign the letter giving our program permission to contact your references.*

11. Medical School Transcript

12. Medical School Dean's Letter