APPLICATION CHECK LIST

____ Hartford Hospital Graduate Medical Education Application Form

____ Personal Statement (letter K on application form)
Please discuss your interest in Child & Adolescent Psychiatry, any significant experiences which influenced your choice, and your career goals.

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

____ Three Reference Letters-
One letter must be from your current Training Director. The two additional letters must be from faculty you have worked with, preferably one Child & Adolescent Psychiatrist. Please give faculty a “Reference Letter Request Form” (three copies enclosed).

____ Board Eligibility Form
This form must be completed and signed by your current Training Director. This is in addition to a letter of reference from your Training Director.

____ Medical School Transcript

____ Medical School Dean’s Letter

____ ECFMG Certificate (if IMG)

____ USMLE Scores
Please forward certified scores reports for Steps 1, 2, and 3.

____ Letter explaining time gaps if necessary

____ Permission to contact your Residency Training Director and other References
Please date and sign the enclosed letter from you giving our Program permission to contact your references.

CARcruitmentApplicationCheckList 6/2008