

**CHILD & ADOLESCENT PSYCHIATRY
INSTITUTE OF LIVING/HARTFORD HOSPITAL**

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