

The Hospital for Sick Children

Application for Pediatric Radiology Fellowship starting January 2027 / July 2027

I am available to start: ☐ January 2027 ☐ July 2027 ☐ January or July 2027

Preferred Pediatric Fellowship <input type="checkbox"/> General Radiology ↳ Length of training: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years			<input type="checkbox"/> Neuroradiology (1 year) <input type="checkbox"/> Interventional Radiology (1 year) <input type="checkbox"/> Cardiac Imaging (1 year) <input type="checkbox"/> Nuclear Medicine – Sponsored only (1 year)		
* See page 3 for available fellowship dates *					
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)					

Funding

Are you applying for a funded position or will you be sponsored through an agency? <i>(Please see page 3 for definitions of “Funded” & “Sponsored”)</i>	
<input type="checkbox"/>	Funded by SickKids
<input type="checkbox"/>	Sponsored Source of Funding ►

References

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 2025. Letters should not accompany this application. One of your referees should be your Radiology Residency Program Director (or equivalent individual). If your Program Director cannot provide a reference, attach an explanation. An application is not complete until three letters of reference have been received at this email address dir.fellowship@sickkids.ca

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.)		
<input type="checkbox"/> Certifying body: _____ <input type="checkbox"/> Certifying country: _____ <input type="checkbox"/> 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: [Click here to enter a date.](#)

Signature: _____

Name (print): _____

Fellowship Application Process:

1 WE ARE ACCEPTING APPLICATIONS FOR JANUARY AND JULY 2027 AS FOLLOWS:

For Positions Starting	Positions Available	Funded	Sponsored
January 2027	Neuroradiology	No	Yes
	General Radiology	No	Yes
July 2027	General Radiology	Yes	Yes
	Neuroradiology	Yes	Yes
	Cardiac Imaging	Yes	Yes
	Interventional Radiology	Yes	Yes
	Nuclear Medicine	No	Yes

2 COMPLETE PAGES 1, 2 AND 3:

This completed application and other documents are to be submitted through Redcap. Any inquiries can be sent to dir.fellowship@sickkids.ca

3 REFERENCE LETTERS MUST BE DATED 2025 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

4 DEFINITIONS:

Funded through SickKids: Funding is provided by SickKids Hospital/ The Department of Diagnostic & Interventional Radiology. Our funded fellows receive a salary of approximately \$85,564.01 per year.

Funded through Sponsoring Agency:

1. Applicants from the following countries Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and UAE that are sponsored by a Government Agency, Ministry of Health Agency, or home hospital authority that have an agreement with the University of Toronto. Applicants from these countries must submit an application to the *PGME STAR system*. (You can access and create an account on the STAR site <https://star.pgme.utoronto.ca>). The purpose of this is to confirm the status of your funding.
2. Applicants from other countries not listed above and that have secured funding from an organization outside of SickKids have to show proof of income (official government or institutional letter) to the University of Toronto to verify that enough funding would be available for the candidate during their fellowship. The recommended funding is a minimum of CDN \$104,167.39 per year for pediatric general radiology fellowship and CDN \$85,564.01 per year for all other fellowships. SickKids will not provide funding for salary or additional expenses (accommodation, meals, transportation, insurance, pension plans, etc).