

APPLICATION INSTRUCTIONS FOR THE APsaA 2012-2013 FELLOWSHIP PROGRAM

Please make sure to check the eligibility criteria before continuing.

THE APPLICATION CONSISTS OF:

1) A two page form to be filled out, printed, and mailed with your Fellowship package. To avoid any errors, please download the form online and fill it out electronically before printing it out.

2) A Curriculum Vitae.

3) A personal statement of three to six double-spaced pages.

The Fellowship Committee would like to learn something about you as a person as well as understand your intellectual interests and professional development. Include information about how will you use the Fellowship to further your professional goals.

Please address these points in your personal statement:

a. Personal and historical information;

b. How your interest in the mind has developed and become relevant to your clinical work, research, leadership, teaching and written or artistic endeavors;

c. Career and other intellectual interests and professional goals. These may include the areas of applied psychoanalysis and community outreach/development.

4) **Three letters of recommendation:** If you are being nominated by a Chairperson, or Training, Research or Program Director, they must submit one of the three letters of recommendation indicating reasons for choosing you as a nominee. If you are not being nominated, please send a letter of support from a supervisor, faculty or senior colleague instead of the nomination letter.

Submit two additional letters of support **from faculty members or supervisors** (or other appropriate references).

There should be a **total of three letters** submitted along with your application. Please do not provide additional letters of recommendation. Your application will not be considered complete without these three letters.

Materials should not be folded or stapled.

In your package, please arrange the four parts of the application in the same order as they are listed above. Again, please do not staple things together and try to keep folding to a minimum.

THE COMPLETE APPLICATION MUST ARRIVE BY MONDAY, FEBRUARY 6, 2012

SEND TO: **AMERICAN PSYCHOANALYTIC ASSOCIATION, 309 EAST 49TH STREET, NEW YORK, NY 10017-1636, ATTENTION: JAMES GUIMARAES, FELLOWSHIP COORDINATOR**

Questions?

Email James Guimaraes (jguimaraes@apsa.org); Phone: 212-752-0450, x12.



2012-2013 FELLOWSHIP APPLICATION

BEFORE COMPLETING THIS APPLICATION MAKE SURE YOU HAVE READ THE ELIGIBILITY CRITERIA

Check One: Psychiatrist Psychologist Social Worker Academic Other/Multidisciplinary

Last Name: _____ First: _____ M.I.: _____ Degree: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Female Male Age: _____ Birthplace (City, Country): _____

Medical or Graduate School: _____ Country (of Med School): _____

Degree: _____ Year Graduated: _____

Other Graduate Degree(s): _____ Year: _____ Field: _____

Specify Other Medical Specialty Training (Psychiatrists Only) _____

If so, Boarded in Other Medical Specialty (Psychiatrists Only) Yes No

Please check:

1. Currently in psychoanalytic training? Yes No Institute: _____
2. In psychotherapy training at institute? Yes No Institute: _____
3. Member of the Armed Forces? Yes No
4. Interested in treating or research on children? Yes No
5. Interested in neuroscience research? Yes No

APsaA Training Institutes are often interested in providing information about their psychoanalytic training programs. By checking this box, you give APsaA permission to provide your address to those programs that might want to distribute information to you.

Yes, please share my contact information with APsaA Training Institutes.

Current Position: _____ If M.D., PGY Level: _____

Full-Time Other (specify): _____

Institution/Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name and title of person who wrote nomination letter OR check here if self nominate:

POSITION DURING FELLOWSHIP YEAR 7/1/12-6/30/13

Please see program brochure for specific eligibility requirements for your discipline. The position you hold during the fellowship year must meet these requirements.

What will you be doing during the Fellowship year in term of work and/or education? If you do not yet know what you will be doing during the Fellowship year, you may nonetheless apply. However, you must notify the National Office in writing before April 1, 2012 of the name of the institution where you will be, the address, type of institution, type of position you will hold and whether or not it is full-time. If we do not receive this information, you will not be eligible to win a Fellowship, but will receive all the other benefits of applying.

I will be in the same program and hold the same position next year Yes No

If No, Complete the Following Section:

Position for the Fellowship Year: _____

Full-Time Other (specify) _____

Name of Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you are not a mental health professional, please describe what you would like to learn from your Mentor: _____

How did you learn about the Fellowship (**Must be Completed**, Check All Applicable)

Training Director Chair Supervisor Former Fellow

Flyer Sent To Me Posted Flyer Internet Announcement (specify) _____

ApsA Website Other (specify) _____

Comments: _____
