



THE APPLICATION CONSISTS OF:

1) The following three page form

2) A curriculum vitae

If possible, please include your expected position during the 2020-2021 fellowship term.

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

The Fellowship Committee is excited to learn about your intellectual interests, professional development, and personal history. You should include information about how you will use the fellowship to further your professional goals. Please address the following points in your personal statement:

a. Personal history

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. This can include areas of applied psychoanalysis and community outreach and development.

4) Three letters of recommendation

If you have been nominated for the fellowship, your nominator must submit one of the three letters. If you are self-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, supervisors, or other appropriate references. There should be **a total of three letters**. Your application will not be considered complete without these three letters and additional letters will be discarded. Be sure your letters are printed single sided.

SUBMITTING YOUR APPLICATION:

Application must be arranged in the exact order listed above to be accepted. Your complete application must arrive by 5:00 pm on **Monday, January 27, 2020**.

If submitting via email: submit entire application, including letters of recommendation, as one PDF file. Title the PDF file "last name, first name". Title your email as "2020-2021 Fellowship Application". You will receive a confirmation email by the next business day. If you do not receive confirmation, then your application is not on file. Please check in with Scott Dillon at MeetAdmin@apsa.org or (212) 752-0450 x 28 to ensure your application is received and processed.

EMAIL TO: Scott Dillon, Fellowship and Communications Coordinator
MeetAdmin@apsa.org

If submitting hard copy via mail: do not staple pages together, do not include paper clips, and do not fold your application. Every part of your application should be printed single sided, including letters of recommendation.

MAIL TO: **American Psychoanalytic Association c/o Scott Dillon**
309 East 49th Street
New York, NY 10017

Questions? Email Scott Dillon at MeetAdmin@apsa.org or call (212) 752-0450 x 28.

2020-2021 FELLOWSHIP APPLICATION

Before completing this application, please make sure you meet the eligibility criteria

Check One: Academic Multidisciplinary Licensed MFT, MHC, CAT Psychiatric Nurse Practitioners
Psychiatrist Psychologist Social Worker

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

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone (please indicate cell or office): _____

Alternate Phone (please indicate cell or office): _____

Email: _____

Woman Man Custom Gender: _____ Pronouns: _____

Birthday: _____ Birthplace (City, Country): _____

Medical or Graduate School: _____ Med/Grad School Country: _____

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 themselves and their programs to you. By checking this box, you give APsaA permission to provide your address to the institute geographically closest 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: _____

How did you learn about the fellowship? Check all that apply.

Training Director Supervisor Department Chair Former Fellow

APsaA Member Social Media APsaA Website Google search

Email announcement Please specify org/listserv: _____

Other Please specify: _____

Are you associated with any professional organizations? _____

Comments: _____



Please check each statement below and sign and date.

If I am offered and accept a position as a 2020-2021 fellow of the American Psychoanalytic Association, I understand my obligation to:

- attend fellowship programming at APsaA's 2021 National Meeting in full. Fellowship programming at the National Meeting runs from Wednesday, 10th – Sunday, February 14th, 2021 in New York City.
- attend fellowship programming at APsaA's 110th Annual Meeting in full if the meeting occurs. The meeting would occur over four days in July 2021.
- schedule and attend monthly meetings with my APsaA mentor throughout the fellowship year.

In signing below, I agree to participate fully in the APsaA fellowship as outlined above.

Signature: _____

Date: _____