**APPLICATION INSTRUCTIONS FOR APSAA's 2015-2016 FELLOWSHIP PROGRAM**

Please check the eligibility criteria before continuing.

**THE APPLICATION CONSISTS OF:**

1) This three page form, to be mailed in with your fellowship package

2) A curriculum vitae
   
   Please include your expected position during the 2018-2019 fellowship term if possible.

3) A personal statement of three to six double spaced pages
   
   The Fellowship Committee would like to understand your intellectual interests, professional development, and personal history. You should include information about how will you 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. These may include the 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. Be sure your letters are printed single sided.

Please arrange the four parts of the application in the same order as they are listed above. **Please 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.**

**THE COMPLETE APPLICATION MUST ARRIVE BY MONDAY, FEBRUARY 5, 2018.**

**SEND TO:**  
American Psychoanalytic Association c/o Rosemary Johnson  
309 East 49th Street  
New York, NY 10017

**Questions?** Email Rosemary Johnson at meetadmin@apsa.org or call (212) 752-0450 x 28.
2018-2019 FELLOWSHIP APPLICATION

BEFORE COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU MEET
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: ___________

Phone (please indicate cell or office): ________________

Alternate Phone (please indicate cell or office): ________________

Email: ___________________________

Female □  Male □  D.O.B.: _____  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: _____

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

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

- Training Director ☐ Chair ☐ Supervisor ☐ Former Fellow ☐
- Received Brochure ☐ Posted Flyer ☐
- Internet Announcement ☐ (specify listserv) _________
- APsaA Website ☐ Other ☐ (specify) ____________________________

Which, if any, of these organizations are you associated with?

- American Association of Directors of Psychiatric Residency Training ☐
- American Psychiatric Association ☐
- Division 39 ☐
- American Association for Psychoanalysis in Clinical Social Work ☐
- Modern Language Association ☐

Comments: __________________________________________

________________________________________________________________________

________________________________________________________________________
Please check each statement below and sign and date.

If I am offered and accept a position as a 2018-2019 fellow of the American Psychoanalytic Association, I understand my obligation to:

____ attend fellowship programming at APsaA’s 2019 National Meeting in full. APsaA’s meeting runs from Wednesday, February 6th – Sunday, February 10th, 2019 in New York City.

____ attend fellowship programming in full at APsaA’s 108th Annual Meeting, which likely will occur over four days in June 2019. This meeting is expected, but not yet scheduled. In initialing, I am committing to attend and participate in the probable event that this meeting occurs.

____ schedule and attend meetings with my APsaA fellowship mentor at least monthly throughout the fellowship year.

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

Signature: ____________________________________ Date: _____________________