APPLICATION INSTRUCTIONS FOR APsaA's 2015-2016 FELLOWSHIP PROGRAM

Please check the eligibility criteria before continuing.

THE APPLICATION CONSISTS OF:

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

2) A curriculum vitae
   Please include your expected position during the 2017-2018 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 or supervisors (or other appropriate references). There should be a total of three letters submitted along with your application. Your application will not be considered complete without these three letters. Additional letters of recommendation will be discarded. Please 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. Additionally, every part of your application should be printed single sided.

THE COMPLETE APPLICATION MUST ARRIVE BY MONDAY, FEBRUARY 6, 2017.

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.
2017-2018 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 if cell or office):______________

Alternate Phone (please indicate if 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 2017-2018 fellow of the American Psychoanalytic Association, I understand my obligation to:

_____ attend fellowship programming at APsaA’s 2018 National Meeting in full. APsaA’s meeting runs from Wednesday, February 14th – Sunday, February 18th, 2018.

_____ attend fellowship programming at APsaA’s 107th Annual Meeting in full, depending upon its occurrence, for four days in June 2018.

In signing this document, I agree to participate fully in APsaA meetings as outlined above. I hereby commit to attending both conferences and to participating fully in all fellowship programming.

Signature: ___________________________ Date: ___________________