



**THE APPLICATION CONSISTS OF:**

1) The following three page form

2) A curriculum vitae

If possible, please include your expected position during the 2019-2020 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 28, 2019**.

**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 "2019-2020 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 Rosemary Johnson at [meetadmin@apsa.org](mailto:meetadmin@apsa.org) or (212) 752-0450 x 28 to ensure your application is received and processed.

EMAIL TO: Rosemary Johnson, Fellowship and Communications Coordinator  
[meetadmin@apsa.org](mailto: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 Rosemary Johnson**  
**309 East 49<sup>th</sup> Street**  
**New York, NY 10017**

**Questions?** Email Rosemary Johnson at [meetadmin@apsa.org](mailto:meetadmin@apsa.org) or call (212) 752-0450 x 28.

# 2019-2020 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 2019-2020 fellow of the American Psychoanalytic Association, I understand my obligation to:

- \_\_\_\_\_ attend fellowship programming at APsaA's 2020 National Meeting in full. APsaA's meeting runs from Wednesday, February 12<sup>th</sup> – Sunday, February 16<sup>th</sup>, 2019 in New York City.
  
- \_\_\_\_\_ attend fellowship programming at APsaA's 109<sup>th</sup> Annual Meeting in full, which will likely occur over four days in June 2020. This meeting is expected, but not yet scheduled. In initialing, I am committing to attend in the probable event that this meeting occurs.
  
- \_\_\_\_\_ schedule and attend monthly meetings with my APsaA fellowship mentor throughout the fellowship year.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_