



Department of Psychiatry | Psychiatry Fellowship Training Program

APPLICATION PROCESS

Eligible applicants are graduates of American or international medical schools, have completed at least three years of a General Psychiatry or Pediatrics residency, and have passed USMLE steps 1 through 3. ECFMG certification is required for foreign medical graduates. Applications must include:

- a completed application form;
- Training Director's letter of support;
- medical school transcript;
- USMLE scores;
- three letters of reference;
- curriculum vitae;
- personal statement.

All applicants must utilize the ERAS website: <https://www.aamc.org/services/eras/>

Foreign citizens who come to the United States for postgraduate training must comply with United States Immigration Laws, in addition to following the application procedure described above. Foreign medical school graduates should contact the Educational Commission for Foreign Medical Graduates for details concerning their requirements: **3624 Market Street, Philadelphia, PA 19104, 215-386-5900**. BCH sponsors J1 visas.

Boston Children's Hospital participates in the National Resident Matching Program and abides by all NRMP rules and regulations. Please note that all offers for fellowship positions are contingent upon the successful completion of all residency training, as well as all hospital required pre-employment matters. This includes the satisfactory completion of the credentialing process, and receipt of acceptable final evaluations and letters of references.

For inquiries, please contact:

Oscar G. Bukstein, MD, MPH

Fellowship Training Director

Department of Psychiatry

Boston Children's Hospital

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For application questions, contact:

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Program Director's Verification Form Attesting to Child & Adolescent Psychiatry (CAP) Fellowship Eligibility

Applicant

This form is to verify that Dr. entered our program as a PGY on (month/day/year). **By the time of transfer into CAP training, s/he has satisfactorily completed and received academic credit for the following rotations:**

- months of primary care (medicine, pediatrics, family practice; 4 months FTE minimum)
- months of neurology (2 months FTE minimum; 1 may be pediatric neurology)
- months of adult inpatient psychiatry (6 months FTE minimum; 16 months maximum)
- months of continuous general outpatient psychiatry (12 months FTE, minimum 20% continuous; up to 20% may be CAP)
- months of consultation-liaison (2 months FTE minimum; 1 may be CAP)
- months of child/adolescent psychiatry (2 months FTE minimum unless going into a CAP training program)
- months of geriatric psychiatry* (1 month FTE minimum)
- months of addiction psychiatry* (1 month FTE minimum)

S/he has had experience in (please check):

- Forensic psychiatry* Community psychiatry* Emergency psychiatry*

** may be double counted from inpatient or outpatient with adequate documentation*

S/he has met (or is expected to meet) the psychotherapy competencies by the time of transfer to CAP training:

- Yes No

S/he has passed clinical skills examinations (CSEs). Please list dates:

- 1) 2) 3) Comments (optional)

Please check one of the following, as applicable:

I anticipate that after transferring to CAP training, s/he will still need to complete the following to satisfy general psychiatry training requirements:

- No outstanding requirements
- An additional year of psychiatry training to be eligible for the psychiatry ABPN exam
- To pass clinical skills examinations
- The following clinical experiences/rotations:

Dr. is currently in good standing in our program and there is no evidence of ethical or moral misconduct. To date, s/he has demonstrated competency in all core areas and competencies specified by the Psychiatry RRC of the ACGME. I anticipate s/he will leave our program on having completed months of psychiatry training and all the ACGME requirements except those stipulated above.

Psychiatry Training Director

Signature

(Name Printed)

(Date)