

*Boston Children's Hospital / Harvard Medical School
Department of Psychiatry - Division of Psychology
300 Longwood Avenue
Boston, MA 02115
(617) 355-4563*

APPLICATION FOR POSTDOCTORAL PSYCHOLOGY FELLOWSHIP 2019-2020

Check the fellowship(s) to which you are applying. If you are applying to more than one program, you must rank order your preferences and submit a separate Personal Statement for each program. Only one application, one set of transcripts, and one set of letters of recommendation are required irrespective of how many programs you are applying for. See last page of application for list of required application materials and specific instructions.

- BOSTON CHILDREN'S HOSPITAL NEIGHBORHOOD PARTNERSHIPS (BCHNP)
- CARDIAC NEURODEVELOPMENTAL PROGRAM (CNP)
- DEAF AND HARD OF HEARING PROGRAM (DHHP)
- DEVELOPMENTAL MEDICINE CENTER (DMC) (Clinical)
- DEVELOPMENTAL MEDICINE CENTER (DMC) (Clinical/Research)
- LEADERSHIP EDUCATION IN ADOLESCENT HEALTH (LEAH)
- PAIN TREATMENT SERVICE
- PSYCHIATRY CONSULTATION SERVICE (PCS)

ELIGIBILITY. Confirm eligibility for fellowship by indicating that the following will be completed prior to beginning of fellowship: APA/CPA-accredited doctoral program
 Defense of doctoral dissertation APA/CPA-accredited internship

I. GENERAL INFORMATION

Name: _____

Present Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

American Citizen: Yes No If no, Status: _____

II. ACADEMIC BACKGROUND

Internship

Institution(s)

City/State

Dates: _____ APA-Approved Non-APA Approved

Doctoral Training

Degree _____ Institution _____ City/State _____

Dates: _____ APA-Approved Non-APA Approved

Program:

Clinical School Psychology Neuropsychology Counseling

Other: _____

Major/Minor Fields: _____

Year Degree Granted: _____

Research

Master's Thesis: _____

Dissertation: _____

Dissertation Defense Date: _____

Licensure

Licensed as Psychologist in State (specify): _____

License #: _____

Date of Licensure: _____

Transcripts of all graduate work are required. List the institutions attended as a graduate student from which we should expect transcripts.

1) _____

2) _____

3) _____

III. CURRICULUM VITAE: Please include a copy of your current CV

IV. PERSONAL DEVELOPMENT STATEMENT

On a separate sheet of paper, briefly describe the development of your interest in the field of child psychology, your future professional plans, and your expectations for how a training year with us would help in meeting your personal and professional development goals. In another paragraph, please describe previous training, coursework, and experience directly related to the specific postdoctoral program for which you have applied. In a last paragraph, please provide any other pertinent information about yourself not previously reported in this application.

If you are applying to multiple fellowships, please submit a separate personal statement for each position.

V. LETTERS OF RECOMMENDATION

Please have at least three, but no more than five letters of recommendation, included in your packet. Three letters must be written by psychologists or other mental health professionals familiar with your work. At least one letter should be from a recent clinical supervisor or consultant. Please list below the names and addresses of individuals providing recommendations for you.

1) _____

2) _____

3) _____

4) _____

5) _____

VI. TESTING EXPERIENCE (DMC applicants ONLY)

Cognitive/Intellectual Assessment

List Instruments used:	# Administered	Age Range
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specialized Neuropsychological Assessment Techniques

List Instruments used:	# Administered	Age Range
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Autism Spectrum Disorder Assessment Techniques

List Instruments used:	# Administered	Age Range
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational/Achievement Testing

List Instruments used:	# Administered	Age Range
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. WRITING SAMPLE (*BCHNP applicants ONLY*)

As part of your application materials, please submit a class paper or a manuscript on a research project on which you were first author. The paper should cover a topic related to child mental health. Papers related specifically to school mental health are very much encouraged. There is no specific page or reference number limit; however, the paper should follow common research paper guidelines.

VII. SIGNATURE

I certify that all of the information contained in this application is truthful and accurate.

Signature: _____

Date: _____

APPLICATION INSTRUCTIONS

To apply, please email your application packet as one pdf to Ms. Courtney Kellogg via email at Courtney.Kellogg@childrens.harvard.edu.

The application packet must include:

- this application form
- a letter of interest/personal statement
 - separate statement for each program to which you are applying
- curriculum vitae
- copy of certified transcript(s) of doctoral work
- *For DMC applicants ONLY*: two psychological or neuropsychological reports
- *For BCHNP applicants ONLY*: a writing sample

In addition, the following must be sent separately (only original transcripts and letters of recommendation will be considered):

- Certified transcript(s) via postal mail to Ms. Courtney Kellogg, Training Programs in Psychiatry & Psychology, Boston Children's Hospital, 300 Longwood Avenue, BCH 3022, Boston, MA 02115.
- 3 to 5 references must email their letters of recommendation directly to Ms. Kellogg at Courtney.Kellogg@childrens.harvard.edu.

EARLY APPLICATIONS ARE ENCOURAGED. Applicants do not have to wait until letters of recommendation are ready to email their applications. **COMPLETE APPLICATIONS, INCLUDING ALL LETTERS OF RECOMMENDATION AND ORIGINAL CERTIFIED TRANSCRIPT(S), MUST BE RECEIVED BY 1/2/2019.** Current or former predoctoral interns at Boston Children's Hospital may use existing credential files for this purpose.

For questions, please contact Ms. Kellogg at Courtney.Kellogg@childrens.harvard.edu, fax 617-730-0428.