

*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 2023-2024

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.

- CARDIAC NEURODEVELOPMENTAL PROGRAM (CNP)
- DEAF AND HARD OF HEARING PROGRAM (DHHP)
- DEVELOPMENTAL MEDICINE CENTER (DMC) (Clinical)
- DEVELOPMENTAL MEDICINE CENTER (DMC) (Clinical/Research)
- GENDER MULTISPECIALTY SERVICE (GeMS)
- GI PSYCHOLOGY SERVICE
- LEADERSHIP EDUCATION IN ADOLESCENT HEALTH (LEAH)
- PAIN TREATMENT SERVICE (PTS)
- PEDIATRIC INTEGRATED PRIMARY CARE & TRAUMA AND COMMUNITY RESILIENCE CENTER  
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

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### I. GENERAL INFORMATION

Name:

Home Phone:

Work Phone:

Cell Phone:

Email:

Present Mailing Address:

Are you currently legally authorized to work in the U.S?

Yes

No

Do you now or will you in the future require sponsorship?

Yes

No

## 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, please include a personal development statement that addresses the following: 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; previous training, coursework, and experience directly related to the specific postdoctoral program for which you have applied; 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.

Name	Address
1)	
2)	
3)	
4)	
5)	

### VI. TESTING EXPERIENCE (*CNP, DMC, and DHHP applicants*)

#### Cognitive/Intellectual Assessment

List Instruments used:	# Administered	Age Range
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**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

**VII. PSYCHOLOGICAL/NEUROPSYCHOLOGICAL REPORTS (CNP and DHHP applicants)**

As part of your application materials, please submit two psychological or neuropsychological reports that you have written, with private health information removed.

**VIII. 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](mailto:Courtney.Kellogg@childrens.harvard.edu).

The application packet must include in **ONE assembled PDF document**:

- 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 CNP and DHHP applicants*: two psychological or neuropsychological reports

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.
  - **NOTE:** In the event that COVID-related restrictions do not allow for submission of a hard/mailed copy of transcript(s), have the Registrar's office directly email the transcript(s) to Ms. Courtney Kellogg at [Courtney.Kellogg@childrens.harvard.edu](mailto:Courtney.Kellogg@childrens.harvard.edu) or send via an encrypted platform.
- 3 to 5 references must email their letters of recommendation directly to Ms. Kellogg at [Courtney.Kellogg@childrens.harvard.edu](mailto: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 MONDAY DECEMBER 12, 2022.** 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](mailto:Courtney.Kellogg@childrens.harvard.edu), fax 617-730-0428.