

Fellowship Application

Advanced Clinical Training Program for Social Workers

**Demographic Information\***

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| **Name** Click here to enter text. | **Address** Click here to enter text. | **Home phone** Click here to enter text.**Mobile phone** Click here to enter text. |
| **Email** Click here to enter text. | **Language(s)** Click here to enter text. |
| **Ethnicity(Optional)**Click here to enter text. | **Date of expected MSW Degree** Click here to enter text. |  |
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*\*Note: If you are selected, you will be required to provide your Social Security number*

**Clinical Interest(s)** - Check all that apply and rank in order of preference

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| [ ]  **Psychiatry** Click here to enter text.**Rank**: Click here to enter text. | [ ]  **PACT****Rank:** Click here to enter text. | [ ]  **Pediatric Oncolgy****Rank**: Click here to enter text. | [ ]  **LEAH****Rank**: Click here to enter text. | [ ]  **LEND** **Rank**: Click here to enter text. |

**Application Requirements**

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| [ ]  Completed Application Form | [ ]  Resume | [ ]  Certified Graduate school transcript | [ ]  3-5 letters of reference | [ ]  2-page discussion of your professional history and goals  |

**Instructions:** Applications must be submitted electronically. Compile this form and all supporting materials into **ONE** **PDF FILE**. Submit as an **email attachment with the subject line *Application****.* Name the file as such: LastName.FirstName.PreferredFellowship [e.g. smith.john.psychiatry]

**SUBMIT MATERIALS TO:** **swtraininginfo@childrens.harvard.edu**