

# AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS PROGRAM APPLICATION FORM

**Application must be typed.** You may substitute computer-generated facsimiles for this form; however, the form must be in black ink, Arial 11 point font, and must maintain the exact wording and format of the APA form, including all captions and spacing. Any deviations may be grounds to reject the entire application.

**PLEASE CHECK FELLOWSHIP APPLYING FOR:**

- SAMHSA       ASTRAZENECA       SAMHSA SUBSTANCE ABUSE

**APA Membership # (if known):** \_\_\_\_\_ **Present PGY Level:** \_\_\_\_\_

## BIOGRAPHICAL/PERSONAL INFORMATION

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)
2. Home Address: \_\_\_\_\_ Work Address/Name of Training Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Social Security No: \_\_\_\_\_ Email: \_\_\_\_\_
4. Sex:       Male       Female
5. Marital Status:       Single       Divorced       Married       Separated
6. Date of Birth: \_\_\_\_\_ 7. Place of Birth: \_\_\_\_\_
7. Country of Citizenship: \_\_\_\_\_  
If not a U.S. citizen, are you a permanent visa resident?       Yes       No
8. Ethnic Identification:  
 American Indian/Alaska Native (specify tribal affiliation) \_\_\_\_\_  
 Asian American, including but not limited to: (check one)  
 Japanese       Indian       Chinese  
 Filipino       Korean  
 Pacific Islander/Native Hawaiian  
 Other, please specify: \_\_\_\_\_  
 African-American (please self-define): \_\_\_\_\_  
 Hispanic/Latino, including but not limited to: (check one)  
 Cuban       Mexican American       Puerto Rican  
 Other, please specify: \_\_\_\_\_  
 Other, please specify: \_\_\_\_\_
9. PGY Level by July of the year for which you are applying: \_\_\_\_\_



15. Have you ever applied for other APA fellowships?  Yes  No  
If so, which one? What year? \_\_\_\_\_

16. What are your plans to work with minority groups and underserved persons after training is complete?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. How did you learn about this program? \_\_\_\_\_

**I certify that the information in this application is true and correct.**

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

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

**REFERENCES**

18. List the names, addresses and positions of two persons (other than your training director) who have intimate knowledge of your work. Urge them to send their statements to the APA Office as soon as possible, and no later than the application deadline. *YOUR APPLICATION CANNOT BE PROCESSED UNTIL THESE ITEMS ARE RECEIVED.*

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

19. If you are applying for the SAMHSA fellowship and are not accepted, would you like to be considered for the AstraZeneca fellowship?  YES  NO

**CURRICULUM VITAE**

20. Send a copy of your updated curriculum vitae along with this application.

**ESSAY**

21. On a separate sheet, write an essay, not to exceed two double-spaced pages, proposing how the fellowship would be utilized to alter your present training and ultimately assist you in achieving your career goals. **Your essay should also include the following:**

1. description of your training program in regard to didactic work, supervision, clinical conference which specifically pertain to cultural issues in psychiatry
2. what impact you think your fellowship could have on your training program
3. your cultural/ethnic identification
4. future work

22. Indicate how stipend award funds will be used (**SAMHSA & SAMHSA Substance Abuse applicants only**)
- **Include a proposed budget and justification – See Attached Example**

(Note: If you are selected, this essay will form the basis of a contract between you and the Fellowship Program that will aid the Selection Committee in decisions on fellowship renewal.)

(If you need more space, please write additional information on white 8½ x 11 paper.)

**PLEASE NOTE:** YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THE APPLICATION FORM HAS BEEN COMPLETED AND WE HAVE RECEIVED YOUR LETTER OF EVALUATION, LETTERS OF REFERENCE (2), CURRICULUM VITAE, AND ESSAY. (ALL SAMHSA APPLICANTS MUST ALSO INCLUDE A PROPOSED BUDGET)

**ALL MATERIAL MUST BE RECEIVED BY JANUARY 31**

*Send material to:*  
*Marilyn King, Assistant Program Director*  
*APA Minority Fellowships Program*  
*American Psychiatric Association*  
*1000 Wilson Blvd, Suite 1825*  
*Arlington, VA 22209*  
*Fax: 703-907-7852*

**Applicants will be notified by email. Please be sure to include your current email address.**

**Basic Eligibility**

Psychiatry residents-in-training must be at least a PGY-2 at the time of application and remain in training during the entire academic year. Applicants **must be APA members. SAMHSA and SAMHSA Substance Abuse applicants must be American citizens or permanent residents.** Permanent residents must submit, by July, a notarized statement indicating possession of the alien registration receipt card, I-151 or I-551. Individuals on temporary or student visas are not eligible.

**AstraZeneca applicants need not be U.S. citizens or permanent residents, or graduates of a U.S. medical school. SAMHSA Substance Abuse applicants must be in their PGY-5 of training in July of the year of their application and in an addiction training program** approved by the affiliated medical school or agency where a significant number of substance abuse patients are from minority and underserved groups, may apply for the substance abuse segment. All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability. **Federal employees are ineligible.**



**AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS  
PROGRAM  
SUPERVISOR'S REFERENCE FORM**

*PLEASE TYPE)*

**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Your input is being requested to help the Selection Committee evaluate the applicant for the APA Minority Fellowships Program. Please provide us with **no more than a one-page letter** of recommendation addressing each of the following:

1. Comment on the applicant along each of the following areas:
  - a. Leadership
  - b. Creativity/Innovativeness
  - c. Interpersonal Skills
  - d. Clinical Skills
  - e. Academic Ratings
  - f. Interest in Identifiable Sub-Specialty
  
2. Applicant's special strengths and weaknesses

**Please include your Name, Title, Address, Phone, Email, and Date**

**Please return to:** Marilyn M. King, Assistant Program Director  
APA Minority Fellowships Program  
American Psychiatric Association  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209  
FAX (703/907-7852)  
E-Mail: mking@psych.org

**MUST BE RECEIVED BY JANUARY 31**

**NOTE: If you fax your letter for recommendation back, please follow-up with a hard copy.**

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# AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS PROGRAM TRAINING DIRECTOR'S REFERENCE FORM

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(PLEASE TYPE)

## **CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Your input is being requested to help the Selection Committee evaluate the applicant for the APA Minority Fellowships Program. Please provide us with **no more than a one-page letter** of recommendation addressing each of the following:

1. Description of your training program in relation to cultural psychiatry, including didactic aspects, supervision, and clinical case conferences which pertain to cultural issues in psychiatry. The didactic curriculum should include presentation of the biological-psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development in infancy, childhood, adolescence, and adulthood. Clinical training should provide sufficient experiences in the elements of clinical diagnosis with all age groups (of both sexes to include some ethnic minorities), such as interviewing; clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings.
2. Comment on the applicant along each of the following areas:
  - a. Leadership
  - b. Creativity/Innovativeness
  - c. Interpersonal Skills
  - d. Clinical Skills
  - e. Academic Ratings
  - f. Interest in Identifiable Sub-Specialty
3. Applicant's special strengths and weaknesses
4. Other information which would aid the committee in its evaluation
5. Who will provide on-site mentorship to the applicant? Please describe the qualifications of this person.

**(Use this page if resident is applying for SAMHSA or SAMHSA Substance Abuse Fellowship)**

Give a detailed plan for using the freed-up funds. Include name of person(s) who will provide guidance on the use of funds.

<b>Example:</b>	<b>One-month rotation on an Indian Reservation</b>	<b>\$5,000</b>
	<b>Present slide presentation at a conference</b>	<b>1,000</b>
	<b>Books/educational material</b>	<b>4,000</b>
	<b>Grand rounds guest speaker</b>	<b>2,000</b>

**(All Training Directors Sign Below)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email:

**Please return to:**  
**Marilyn M. King, Assistant Program Director**  
**APA Minority Fellowships Program**  
**American Psychiatric Association**  
**1000 Wilson Blvd., Suite 1825**  
**Arlington, VA 22209**  
**FAX: 703/907-7852**  
**E-Mail: mking@psych.org**

**MUST BE RECEIVED BY JANUARY 31**

**NOTE: If you fax your letter for recommendation or this form back, please follow-up with a hard copy.**