

# AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS PROGRAM APPLICATION FORM

***Application must be typed or legible.*** You may substitute computer-generated facsimiles for this form; however, the form must be in black ink 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):** \_\_\_\_\_

## 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: \_\_\_\_\_

8. Country of Citizenship: \_\_\_\_\_  
If not a U.S. citizen, are you a permanent visa resident?       Yes       No

9. 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

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: \_\_\_\_\_

10. Present PGY Level: \_\_\_\_\_

Academic Calendar Year (e.g., Jan.-Dec.) \_\_\_\_\_

11. PGY Level by July 2009: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

12. Pre-medical Education (name and location of colleges, exact years attended, degree received, major)

Name	Location	Dates		Degree	Major
		From	To		
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13. Medical Education (name and location of medical schools, exact years attended, your MD/DO degree received).

Name	Location	Dates		Degree	Major
		From	To		
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14. Internship (indicate if internship experience was separate from or combined with first year of residency)

separate one-year residency       combined internship/residency

Name	Location	Dates		Type of Internship
		From	To	
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15. Residency Training

Name of Institution	Location	General or Sub-specialty Training	Dates
			From
<hr/>			
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Training Director: Name: \_\_\_\_\_

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

Training Director: Name: \_\_\_\_\_

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

(as of July of the year you are applying, if different from above)

16. Indicate any other medical training or experience

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17. Indicate area(s) of special interest in psychiatry

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18. List honors, awards, or other recognition received for scholastic achievements

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19. Plans for Training: a) Next Year

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b) Future

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**EMPLOYMENT AND ACTIVITIES**

20. List your last three employers; explain briefly the kind of work done

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21. Briefly describe your primary extracurricular activities (include any volunteer work)

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22. Briefly describe any research experience you have had (e.g., thesis, etc.)

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23. Publications: List titles, dates, and publisher

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**OTHER INFORMATION**

24. List any organizational memberships or affiliations

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25. Besides English, in what other languages are you proficient? Indicate degree of fluency.

Language	Good	<u>Verbal</u> Moderate	Poor	Good	<u>Written</u> Moderate	
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

26. Have you ever applied for other APA fellowships?  Yes  No

If so, which one? What year? \_\_\_\_\_

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

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

I certify that the above information is correct.

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

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

**MEDICAL SCHOOL RECORDS**

29. Arrange to have your evaluation letter from your psychiatric training program director sent to the APA Office before the announced deadline. ***YOUR APPLICATION CANNOT BE PROCESSED UNTIL THESE ITEMS ARE RECEIVED.***

## REFERENCES

30. 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. \_\_\_\_\_  
\_\_\_\_\_

31. 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

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

## ESSAY

33. 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
5. Indicate how freed-up funds will be used (**SAMHSA & SAMHSA Substance Abuse applicants only**)

(Note: If you are selected, this essay will form the basis of a contract between you and the 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 MATERIAL MUST BE RECEIVED BY JANUARY 31**

*Send materials 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.

