



APPLICATION FOR POSTDOCTORAL FELLOWSHIP

Department of Psychiatry
Clinical Psychology Training Program
300 Crittenden Boulevard
Rochester, New York 14642

2016 – 2017 Academic Year

Date: _____

NAME (PRINT) _____
First Middle Last

PRESENT ADDRESS _____ Phone _____
Street
City State Zip Code

PERMANENT ADDRESS _____ Phone _____
(if different from above) Street
City State Zip Code

E-MAIL ADDRESS _____

If not a US Citizen
CITIZENSHIP* _____ Type of Visa _____

Do you have a commitment for military or National Health Corps Service? _____

Licensure: ☐ No ☐ Yes State _____ Area (i.e., clinical psychology) _____

*The New York State Human Rights law prohibits discrimination because of race, creed, color, national origin, age, sex, disability, or marital status.

APPLICATION FOR FELLOWSHIP TRACK (check appropriate track)

Primary Care Family Psychology
Family Medicine/Geriatrics
Women's Health emphasis
Child and Adolescent Track

Send application materials to:

Psychology@URMC.Rochester.edu

Wendi Cross, Ph.D., Director of Clinical Psychology Training
Department of Psychiatry, Box PSYCH (Psychology)

University of Rochester Medical Center, 300 Crittenden Blvd., Rochester NY 14642-8409

EDUCATION (undergrad, graduate, doctoral)

University or College (include doctoral school)	Degree	APA/CPA Accredited Program?	Year Degree earned or expected
Internship Site		APA/CPA Accredited Program?	Internship end date
Dissertation Title			Dissertation Defense Date / Expected Date

HOSPITAL AND CLINICAL EXPERIENCE (include experiences NOT listed on CV):

Position	Hospital	City	Dates

Ever resigned or withdrawn association from previous training program to avoid the imposition of disciplinary measures?
 Yes ____ No ____ Reason: _____

Ever disciplined by, or dismissed from, or not re-appointed to a previous training program?
 Yes ____ No ____ Reason: _____

Ever had professional licensure limited, restricted, suspended, revoked, denied or subject to probationary conditions?
 Yes ____ No ____ Reason: _____

Any pending or previous professional misconduct proceedings or pending or previous malpractice actions, judgments or settlements? Yes ____ No ____ Reason: _____

Ever been convicted of a misdemeanor or felony in any jurisdiction? Yes ____ No ____
 Reason: _____

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a postdoctoral fellowship position. I further understand that upon appointment I will be required to document my citizenship and complete a health assessment that includes a physical examination and drug and alcohol testing, and screened through the NY State child abuse Registry.

Date Submitted _____ Usual Signature _____
 (Written)

THIS APPLICATION BECOMES – FOR THOSE APPOINTED – A PERMANENT RECORD