Common Application for C-L Psychiatry Fellowship

(This application form was prepared by the Academy of Psychosomatic Medicine)

Items marked with an * are optional Please attach recent photo*

Please include:
1. Completed application form
2. Curriculum vitae
3. Letter from Residency Training Director
4. Two additional letters of recommendation
5. Personal statement describing your current interests, accomplishments, and professional goals in C-L Psychiatry

---

Position Desired: PGY-V ☐ PGY-VI ☐ Starting: _____, 20__
Month Year

Name: First: _____ Middle: _____ Last: _____

Current Address: _____
Street

City: _____ State: _____ Zip: _____ Country: _____

Current Home/Cell Phone: _____ Current Work Phone: _____

Email Address: _____

Birth Date* (mm/dd/yyyy): _____ Race/Ethnicity*: _____ Gender*: _____

Citizenship: Type of visa (non-US citizens): _____

Undergraduate Education:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

Medical School:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

Other Postgraduate Education:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

(continued on next page)

Residency Program:

Name of Program: _____
From: _____ To: _____
Name of Program: _____
From: _____ To: _____

Clinical Experience in addition to Residency (include internships and other pertinent training with the institution name and dates of attendance):

USMLE Exam Scores: Step I: _____ Step II: _____ Step III: _____

Foreign Medical Graduates:
A copy of the standard ECFMG certificate must accompany the application.
ECFMG No. (if applicable): _____

Board Certified? ☐ Yes (year: _____) ☐ No

State Medical License (if applicable): _____ _____ _____
Year State License No.

Letters of Recommendation will be sent by:

1. Name: _____ Title: _____ (Training Director)
   Address: _____
2. Name: _____ Title: _____
   Address: _____
3. Name: _____ Title: _____
   Address: _____

Date of Application: _____ Signature: _____