

# VA BOSTON PSYCHOLOGY POSTDOCTORAL FELLOWSHIP TRAINING PROGRAM

Only use for admission to the **2012 - 2013** Training Class

For dates and phones, please enter **only numbers**.

<b>1</b> Last Name	<b>2</b>	First Name	Middle Initial
<b>3</b> Mailing Address		<b>4</b> Phone Numbers:	
City	State	ZIP Code	Office _____ Ext. _____
			Cell _____
			Home _____
<b>5</b> E-mail Address	<b>6</b> Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>7</b> Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Education

Please provide the following information on the colleges and universities from which you have received a degree.

<b>8</b> Doctorate-Granting University (Full Name)	APA Accreditation	Program Area	Degree	Month/Year Received
City _____ State _____ ZIP Code _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clinical <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____		mm / yyyy
Name of Graduate Program Director (required)	Phone Number _____		Ext. _____	
<b>9</b> Pre-doctoral Internship				
Name of Internship (Full Name)	APA Accreditation	Specialty Area (if any)	Month/Year Completed	
City _____ State _____ ZIP Code _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		mm / yyyy	
Name of Internship Director (required)	Phone Number _____		Ext. _____	

## Training Tracks

<p><b>10</b> To which of the following are you applying for admission? If you are applying to one or two, please order them using "1" for MOST Preferred, "2" for Next Most Preferred. <u>If applying to more than two, please contact Fellowship Director first.</u></p> <p>___ LGBT Health</p> <p>___ Dual Diagnosis</p>	<p><b>11</b> Please respond to the following items by checking the appropriate box:</p> <p><b>Yes</b>    <b>No</b></p> <p><input type="checkbox"/>    <input type="checkbox"/> Do we have your consent to call your references?</p> <p><input type="checkbox"/>    <input type="checkbox"/> Would you be available for personal interview (at your expense)?</p> <p><input type="checkbox"/>    <input type="checkbox"/> Will you have completed <b>all</b> Doctoral Degree requirements by 7/1/13?*</p> <p style="padding-left: 40px;">Date/Expected Date: mm / yyyy</p> <p><input type="checkbox"/>    <input type="checkbox"/> Will you have graduated by 7/1/13?*</p> <p style="padding-left: 40px;">Date/Expected Date: mm / yyyy</p> <p><b>12</b> Please choose the response below that best describes the status of your dissertation:</p> <p><input type="checkbox"/> <u>Defended</u> on mm / dd / yyyy</p> <p><input type="checkbox"/> Defense date <u>scheduled</u> for mm / dd / yyyy</p> <p><input type="checkbox"/> <u>Anticipated</u> defense during the month of mm / yyyy</p> <p><input type="checkbox"/> Writing up results and discussion</p> <p><input type="checkbox"/> Collecting data</p> <p><input type="checkbox"/> Other: Please describe.</p>
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\* Note: ALL doctoral degree (academic, administrative, clinical) requirements MUST be completed no later than July 1, 2013. Acceptance into the VA Boston Fellowship program is dependent upon meeting this criterion. However, it is often the case that an applicant has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and August 31. This is acceptable. Please see Training Brochure for additional information.

Applicants have also raised the issue of a graduation date that occurs after the start of the Fellowship year – September 1. Our policy has been that the completion of all academic (including acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) requirements qualifies the candidate to begin the Fellowship year. Please see Training Brochure for additional information.