

Fellowship Application

Advanced Clinical Training Program for Social Workers

**Demographic Information\***

|  |  |  |
| --- | --- | --- |
| **Name** Click here to enter text. | **Address** Click here to enter text. | **Phone** Click here to enter text. |
| **Email** Click here to enter text. | **Language(s)** Click here to enter text. |
| **Pronouns:** Click here to enter text. | **Date of expected MSW Degree** Click here to enter text. |  |
|  |  |  |

*\*Note: If you are selected, you will be required to provide your Social Security number*

**Clinical Interest(s)** - Check all that apply and rank in order of preference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  **Psychiatry** Click here to enter text.**Rank**: Click here to enter text. | [ ]  **PACT****Rank:** Click here to enter text. |  | [ ]  **LEAH****Rank**: Click here to enter text. | [ ]  **LEND** **Rank**: Click here to enter text. |

**Application Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Completed Application Form | [ ]  Resume | [ ]  Certified Graduate school transcript | [ ]  3-5 letters of reference | [ ]  2-page discussion of your professional history and goals  |

**Instructions:** Applications must be submitted electronically. Compile this form and all supporting materials into **ONE** **PDF FILE**. Submit as an **email attachment with the subject line *Application****.* Name the file as such: LastName.FirstName.PreferredFellowship [e.g. smith.john.psychiatry]

**SUBMIT MATERIALS TO:** **swtraininginfo@childrens.harvard.edu**