

Fellowship Application

Advanced Clinical Training Program for Social Workers

**Demographic Information\***

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| **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. |  |
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*\*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

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| **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**

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| 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**](mailto:swtraininginfo@childrens.harvard.edu)