



Consortium for Advanced Psychology Training

Application for Postdoctoral Psychology Fellowship

Deadline for submissions: January 9, 2017

Positions start: September 1, 2017

Date of Application

PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Email Address

Cell Phone
(xxx-xxx-xxxx)

Other Phone
(xxx-xxx-xxxx)

Street Address

City

State

Zip Code

Citizenship

Which position are you applying for?

How did you hear about us?

AREAS OF INTEREST / EXPERIENCE

Please rate your interest in the areas below using a scale from 1 to 5 (1 = least, 5 = most):

	1	2	3	4	5
Bariatric & Obesity Services					
Family Medicine					
Hospital Consultation Liaison Services					
Integrated Primary Care					
Internal Medicine					
Medical Education					
Obstetrics & Gynecology					
Pain Management					
Pediatrics					
Rehabilitation & Trauma					

Please rate your experience in the areas below using a scale from 1 to 5 (1 = least, 5 = most):

	1	2	3	4	5
Bariatric & Obesity Services					
Family Medicine					
Hospital Consultation Liaison Services					
Integrated Primary Care					
Internal Medicine					
Medical Education					
Obstetrics & Gynecology					
Pain Management					
Pediatrics					
Rehabilitation & Trauma					

EDUCATION

Undergraduate Education (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

Graduate School Education (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

Predocctoral Internship (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited	Yes	No
----------------	-----	----

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited	Yes	No
----------------	-----	----

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

LICENSE INFORMATION

All postdoctoral fellows must possess a Michigan license to begin a CAPT fellowship! Therefore, a license is required prior to the start date of September 1, 2015. This could either be a Masters level temporary limited license or a Level 10 PhD limited license.

Will you be **license eligible** in the State of Michigan by September 1, 2015? Yes No

If you answered YES to the question above, you must have officially completed a doctoral degree in psychology which includes one graduate course from 3 of the 4 areas (Biological Basis of Behavior, Cognitive-Affective Basis of Behavior, Social Basis of Behavior, and Individual Differences) PLUS 2,000 hours of supervised internship.

Are you **fully licensed** in the State of Michigan? Yes No

If YES, what is your license number and issue date?

Do you have a **Limited License** in the State of Michigan? Yes No

If YES, what is your license number and issue date?

Do you have a **Temporary Limited License** in the State of Michigan? Yes No

If YES, what is your license number and issue date?

Are you licensed in another state? Yes No

If YES, then...

...in what State?

...what is your license number?

Have you ever had a judgment against you or your practice? Yes No

If YES, please explain:

LIMITING FACTORS

Are you able to carry out the responsibilities of a resident or a fellow in the specialities and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

Yes

No

REFERENCE INFORMATION

Please indicate below those individuals in which you have requested Letters of Recommendation. (Three letters are required to apply. One must be from your current supervisor.)

Letter 1 - Supervisor

Name & Title

Institution

Email or Mailing Address

Phone

Letter 2

Name & Title

Institution

Email or Mailing Address

Phone

Letter 3

Name & Title

Institution

Email or Mailing Address

Phone

Letter 4 - Optional

Name & Title

Institution

Email or Mailing Address

Phone

Once all required sections of this form are complete, please save and email it along with your Cover Letter, Personal Statement of Interest, and Curriculum Vitae to:
psychology@msufame.msu.edu.