

**APPLICATION FOR APPOINTMENT
POSTDOCTORAL PSYCHOLOGY FELLOWSHIP
Saint Louis Behavioral Medicine Institute
Department of Community and Family Medicine, Saint Louis University**

Name: _____ Date: _____

Home Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Office Address: _____ Phone: _____
(Street) (City) (State) (Zip)

How did you hear about us? _____

To which program are you applying? (Circle one)

Anxiety Disorders Dual Programs: Psychology and Religion / Anxiety Disorders

<u>Colleges and Universities Attended</u>	<u>Dates</u>	<u>Degrees</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your doctoral training program APA accredited? Yes No
If no, is it regionally accredited? Please explain _____ Yes No

<u>Predocrotal Internship</u>	<u>Dates</u>	<u>Rotations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your Predocrotal Internship APA accredited? Yes No
If no, is it approved to be listed by APPIC? Yes No

References:

- Internship Training Director _____
- Major Clinical Supervisor _____
- Other Clinical Supervisor _____
- Dissertation Director _____

Postdoctoral fellowships begin **September 1. Fellowships may not begin until all degree requirements are completed. If your dissertation is not complete, please attach a letter from your Dissertation Director estimating when all degree requirements will be met.**

Are all your degree requirements completed? Yes No

If no, what remains? _____

Estimated Date When All Degree Requirements Will Be Completed: _____

Dissertation Topic or Title: _____

Describe Current Stage of Dissertation: _____

Are you eligible to work in the United States, September 1, 2012 through August 31, 2013? Yes No

Professional Conduct

- | | | |
|--|-----|----|
| 1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification board? | Yes | No |
| 2. Are there any complaints currently pending against you before any of the above bodies? | Yes | No |
| 3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? | Yes | No |
| 4. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or employer? | Yes | No |
| 5. Have you ever been convicted of an offense against the law other than a minor traffic violation? | Yes | No |
| 6. Have you ever been convicted of a felony? | Yes | No |

If you have answered yes to any of the above questions please explain. _____

Signature: _____ Date: _____

Return Application To:

**Melanie VanDyke, Ph.D.,
Director of Postdoctoral Education
Saint Louis Behavioral Medicine Institute
1129 Macklind Avenue
St. Louis, MO 63110
(314) 534 - 0200**

POSTDOCTORAL APPLICATION

Goals and General Interests

The following sections are intended to cover both your long-range plans and your more immediate interests. We hope to learn more about what your likes and preferences are as they pertain to clinical and research interests and activities. Please answer these questions both frankly and openly. To the extent that the questions themselves are off target as far as you are concerned, please feel free to add your comments on these or additional sheets.

- A. Please describe briefly your long-range plans as you see them now. We are interested in your current feelings about long-term plans, whether you feel relatively sure about them or quite undecided.

- B. Describe your goals for the coming year or years in this postdoctoral fellowship, as far as you understand the training opportunities available in this setting. Write a description of the clinical training program that you would be interested in pursuing. What types of clinical activities and learning experiences would you like to be involved in? How would you apportion your time among them?