

Psychiatry Fellowship Application Checklist

Please enclose the following with this application (please send all materials one sided):

- ☐ Personal statement (500 words or less) describing your background and the development of your interest in the specific fellowship you are applying for including current direction and future plans.
- ☐ Curriculum vitae
- ☐ Dean's letter from medical school
- ☐ Official medical school transcript
- ☐ Copy of USMLE/COMLEX transcript
- ☐ Copy of medical school diploma
- ☐ Forensic Program only: A sample of a forensic report completed during residency and/or any publications relevant to psychiatry or forensic psychiatry
- ☐ Copy of ECFMG certificate (if available)
- ☐ Copy of psychiatry residency completion certificate (if available)
- ☐ Copies of state medical license(s), DEA license, ABPN certification (if available)

Please have the following documents sent directly to the training office:

- ☐ Three letters of reference- 1 Program Director letter and at least 2 additional letters

Items should be sent to:

Attn: Fellowship Coordinator
Psychiatry Residency Office
University of Colorado School of Medicine
Department of Psychiatry
13001 E. 17th Place, MS F546
Bldg. 500, Rm E2322
Aurora, Colorado 80045

Items can also be sent by email from you, your current program, or your letter writers to:

Angela Webb
Angela.webb@ucdenver.edu

Department of Psychiatry
PSYCHIATRY FELLOWSHIPS APPLICATION

Only typed applications will be accepted

Applying for: Addiction ☐ Forensic ☐ Consultation-Liaison ☐

Full Name:

Current Address:

Telephone #:

Alternate #:

E-mail Address:

Permanent Address:

Date of Birth:

Place of Birth:

Race (optional)

Ethnicity (optional)

Gender

Citizenship: (Select one) ☐ U.S. Citizen ☐ Permanent Resident ☐ Conditional Permanent Resident ☐ Foreign National ☐ Refugee/Asylum/Displaced

Visa Type:

Education: (List all schools and locations including dates, degrees, majors, minors)

Medical School:

 From: To:

Undergraduate:

 From: To:

Graduate (non-medical):

 From: To:

Attach Recent
Photograph
electronically or with
tape



University of Colorado
Anschutz Medical Campus
School of Medicine

Honors (List all professional and academic honors or awards):

Internship:	Dates:	Institution:
Residency:	Dates:	Institution:
Residency:	Dates:	Institution:

Publications: (Give the reference and enclose reprint if possible. Describe briefly on a separate sheet any unpublished or current work.

Licensure: Issue & Expiration Dates:

Test Scores (check appropriate one) give dates/scores:

☐ USMLE ☐ Comlex ☐ NBME ☐ NBOME

Part I:

Part 2:

Part 3:

Describe briefly areas of special interest:

Professional References:

1.

2.

3.

Date:

Signature of Applicant

The University of Colorado will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, sexual orientation, veteran status, or national origin.