

**THE IRVING HARRIS PROGRAM IN CHILD DEVELOPMENT AND INFANT MENTAL HEALTH**

DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

**Robert J. Harmon Postdoctoral Fellowship Application**

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**PERSONAL INFORMATION:**

Full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Telephone numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Government or Other Service Obligation: \_\_\_\_\_

**EDUCATION (list all schools and locations, including dates, degrees, major/minor, where applicable):**

Undergraduate: \_\_\_\_\_

Graduate (please include expected completion date if applicable): \_\_\_\_\_

Additional Training/Fellowship: \_\_\_\_\_

**PROFESSIONAL:**

Current position: \_\_\_\_\_

Licensure: \_\_\_\_\_

How did you hear about our program:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> APA Psychca reers          | <input type="checkbox"/> APPIC          | <input type="checkbox"/> Professional Recommendation from Colleague or Peer |
| <input type="checkbox"/> Current Traini ng Director | <input type="checkbox"/> Listserv En il | <input type="checkbox"/> Other (specify in space above)                     |

Are you interested in a full-time or part-time position? \_\_\_\_\_

Please select the Harris Program clinical site(s) that may be of interest to you:

*(NOTE: Clinical placement assignments are made after the fellowship positions have been filled.)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CLIMB/Healthy Steps | <input type="checkbox"/> Young Moms         | <input type="checkbox"/> Cleft Palate Team           |
| <input type="checkbox"/> KidStreet           | <input type="checkbox"/> Clinic Right Start | <input type="checkbox"/> Special Care Clinic         |
| <input type="checkbox"/> Fussy Baby          | <input checked="" type="checkbox"/> PROMISE | <input checked="" type="checkbox"/> Warm Connections |

**ADDITIONAL INFORMATION:**

**Please limit your responses for items #1-5 to the space provided; do no attach additional pages.**

- 1) List your work experience with young children (< 7 years old). For each of these positions, what aspects did you find to be satisfactory and difficult? What are the strengths that you brought to your work? Please also describe the areas in which you need to grow.

**ADDITIONAL INFORMATION, continued:**

- 2) Please comment on your relevant experiences with early childhood populations in the following areas and briefly summarize your involvement (i.e., responsibilities, hours, populations served, settings)
- Work with diverse and underserved populations
  - Integrated behavioral health services in healthcare settings (consultation, outpatient, inpatient)
  - Psychotherapy with children under 5 and their caregivers, and pregnant/parenting adults, including trauma specific work
  - Home and community-based intervention with children under 5 and their caregivers, and pregnant/parenting adults
  - Early care and education/early learning settings
  - Screening, assessment, and evaluation with children under 5

**ADDITIONAL INFORMATION, continued:**

3) Briefly describe your clinical and/or research interests.

4) If accepted, how do you plan to use the training received to help you achieve your career goals? What do you see yourself doing professionally in 5 years?

**ADDITIONAL INFORMATION, continued:**

- 5) Please provide a brief personal statement in which you can describe other special interests, abilities, talents, etc. You may also include anything else you would like for us to know about yourself or your training/work experience that is not already covered in this application.

**REFERENCES:**

A letter from your graduate program training director should be submitted, confirming your status and good standing in the program and the expected date when you will have completed all degree requirements.

Three letters of reference from advisors or supervisors who know you well. References are encouraged to submit their letters by email (see instructions below), using an “electronic” signature or submitting a scanned copy of their original signed letter directly to the Harris Program at harrisprogram@ucdenver.edu.

Please list the names, titles, mailing and email addresses, and phone numbers of your references below.

1.

2.

3.

**Applicant’s signature:** \_\_\_\_\_  
*(Please either sign or type your name)*

**Date:** \_\_\_\_\_

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**APPLICATION SUBMISSION PROCEDURES**

**APPLICATION DEADLINE: Please refer to the program website for the deadline date.**

To complete your application, the following items should be sent to: harrisprogram@ucdenver.edu

- Completed application form
- Cover Letter
- Curriculum vitae
- Letter from Training Director
- Three reference letters as detailed above (submitted separately, by email to harrisprogram@ucdenver.edu)

Your full application must be received by 5:00 PM MT on December 6, 2023 in order to be reviewed and considered for interviews. Applications submitted after the deadline will be considered on a rolling basis until positions are filled. Applicants are responsible for ensuring that all required items have been received before/ by the deadline date; ***incomplete applications will not be reviewed.*** Offers for virtual interviews will be made in mid-December after all applications have been reviewed.

For additional information and/or questions, please contact the Harris Program Coordinator at harrisprogram@ucdenver.edu or 303.724.9758.