

**Women & Infants Hospital Fellowship in
Women's Mental Health**

Center for Women's Behavioral Health

2 Dudley Street

Providence, RI 02905

Fellowship Application

Applicant Information

Name: Last: First: MI: DOB:

Street Address: Phone #:

City: State: Zip Code:

Citizenship: ☐ United States ☐ Other please specify:

If no, are you authorized to work in the United States? ☐ Yes ☐ No

Type of Visa presently held: Expiration:

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Race: ☐ White ☐ Hispanic or Latino ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other

Medical School

Name: Degree(s): Dates Attended:

Graduate Medical Training

Residency: Dates:

Additional Training:

Honors/Awards:

Board Certification Status:

ABPN Eligible: ☐ Yes ☐ No

ABPN Certified: ☐ Yes ☐ No Year of Certification:

What influenced your interest in women's mental health? *(Please limit your answers to 200 words)*

Please describe your prior experience in women's mental health: *(Please limit your answers to 200 words)*

What led you to be interested in this fellowship program in particular? *(Please limit your answers to 200 words)*

With this application, please attach an updated Curriculum Vitae, and Letter of Interest/Personal Statement (not to exceed one typed page). Please have 3 letters of professional reference including one from your program director forwarded under separate cover.

RETURN TO: Lauren Del Vecchio, Women & Infants Hospital, Suite 3352, 101 Dudley Street, Providence, RI 02905 ldelvecchio@wihri.org

Signature :

Date :
