



**APPLICATION FOR
BROWN UNIVERSITY GERIATRIC PSYCHIATRY
FELLOWSHIP TRAINING PROGRAM**

Attach a 2x2
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Applying for: **1 Year** _____ **2 Year** _____ **Fellowship**

Starting Date: Month _____ Year _____

Name: _____ Marital Status: _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

Present Address: _____ Cell/Home Phone: _____

_____ Office Phone: _____

_____ Social Sec. No.: _____

Email Address: _____

Medical School: _____ Year of Graduation: _____

College: _____ Dates: _____ Degree: _____ Year: _____

_____ Dates: _____ Degree: _____ Year: _____

Residency Education: _____ Dates: _____

_____ Dates: _____

Other post-graduate training at: _____ Dates: _____

Field: _____ Degree: _____

AOA: Yes No

Additional Clinical/house staff experience: _____

Research experience and publications: _____

ECFMG Certificate: _____ Number: _____ Valid Until: _____

FLEX Certificate: _____ Number: _____ Valid Until: _____

Type of Visa: _____ Number: _____ Valid Until: _____

In addition to the completed application form, please send a typed 1-2 page personal statement describing your reasons for choosing to undertake training in geriatric psychiatry and your career goals when training is completed. This should be submitted with the completed application form.

REFERENCES: Please give names and addresses of **3 professionals who you will request to write a letter of recommendation** in support of your application. **Please also forward to us the [Dean's letter from your medical school/school transcripts](#) and a [letter from the Director of Residency Training of any residency program](#) you have participated in.**

1. _____
2. _____
3. _____

REMARKS: _____

Date: _____ Signature: _____

Return all application materials and letters of recommendation to:

**Laura Stanton, MD
Director, Brown University Geriatric Psychiatry Fellowship Training Program
Department of Psychiatry & Human Behavior
The Warren Alpert Medical School of Brown University
c/o Butler Hospital
345 Blackstone Boulevard
Providence, RI 02906**