



BROWN
Alpert Medical School

**BROWN UNIVERSITY CONSULTATION-LIAISON PSYCHIATRY
FELLOWSHIP TRAINING PROGRAM APPLICATION**

Attach a 2x2
Photo Here
Do Not Glue

Applying for: 1 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 consultation-liaison 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 a letter from the Director of Residency Training of any residency program(s)** you have participated in.

1. _____
2. _____
3. _____

REMARKS: _____

Date: _____ Signature: _____

Return all application materials and letters of recommendation to:

Colin J. Harrington, MD, FANPA, FAPM, DFAPA
Director, Adult Consultation Psychiatry and Neuropsychiatry Education
Director, Consultation-Liaison Psychiatry Fellowship
Director, Psychiatry and Clinical Neurosciences Clerkship
Professor, Clinician Educator
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