

**Women & Infants Hospital**  
**Fellowship in Women's Mental Health**  
Center for Women's Behavioral Health  
101 Dudley Street  
Providence, RI 02905

**Fellowship Application**

**Applicant Information**

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Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Citizenship:  United States  Other please specify: \_\_\_\_\_

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

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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

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**Medical School**

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Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Graduate Medical Training**

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Residency: \_\_\_\_\_ Dates: \_\_\_\_\_

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Additional Training: \_\_\_\_\_

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Honors/Awards:

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**Board Certification Status:**

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ABPN Eligible:       Yes     No

ABPN Certified:       Yes     No      Year of Certification:

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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: Françoise Niang, Women & Infants Hospital, Suite 3352, 101 Dudley Street, Providence, RI 02905 [fniang@wihri.org](mailto:fniang@wihri.org)

Signature :

Date :

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