

AUSTEN RIGGS CENTER

Application for Austen Riggs Center Fellowship Program

Applying for: **Psychiatry Fellowship** **Psychology Fellowship**

I am applying for the four-year program (psychology and psychiatry)

I am applying for the two-year program (psychiatry only)

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____

Mobile/Beeper/Other # _____

Work # _____

Email: _____

Best place to call you: home work

Best time to call you: _____

May we contact you at work? Yes No

Dates Applied for: _____

Birth Date: _____

SSN: _____

Licensure (State/Type/Date of issuance/expiration):

Are you legally eligible for employment in this country? Yes No

Please submit a completed application, letter of interest, curriculum vitae, three letters of recommendation, and transcripts (undergraduate and graduate) to:

Austen Riggs Center
Human Resources Dept.
PO Box 962
Stockbridge, MA 01262-0962
413.931.5206
Fax 413.298.4020

EXAMINATIONS:

USMLE (include Part/Date/Score/# of attempts):

ABPN (include Date/# of attempts):

Other Certifications:

Have you had a license to practice denied or revoked? Yes No If so, please explain:

Educational Background: Residency, Internship, Post Graduate, Graduate, and Undergraduate

Starting with your most recent school attended, provide the following information:

School (Include City & State)	Years completed	Completed	Major/Minor
		Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	

Relevant Employment or Volunteer History

Starting with the most recent work experience provide the following information:

Employer	Date employed: Month Year Month Year / to /
Job Title	
Summarize the type of work performed and job responsibilities.	

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Job Title	
Summarize the type of work performed and job responsibilities.	

Skills and Qualifications

Summarize any additional clinical, academic, research, or other experiences that you feel are relevant to your performance as a Fellow. If you have experience with psychological testing, please describe.

References

Please provide three peer references from individuals who hold a license *within your discipline* and provide the names and addresses of these individuals. These individuals should also write the required letters of recommendation.

Name	Title	Address	Telephone	Number of Years Known

Special accomplishments, publications, awards, etc.

You may exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.

How did you hear about the Austen Riggs Center?

The following documentation is necessary for processing your application.

- Current curriculum vitae
- A brief personal statement concerning your interests, achievements and career goals
- Undergraduate transcripts
- Graduate School and/or Medical School transcripts
- Three letters of recommendation (If residency completed during past five years, one letter must be from Residency Program Director and document details of training experience as well as competency in the psychotherapies)
- ECFMG Certificate, if applicable
- Copy of Visa, if applicable

If available, please also include with your application:

- Copy of Medical License(s)
- Proof of Board Certification

The following documentation is necessary before a psychiatric applicant can be hired:

- A valid Medical License from the Massachusetts Board of Registration in Medicine
- Federal DEA Certificate for prescription of controlled substances
- Massachusetts Controlled Substances Practitioner Registration

When all documentation is received and reviewed, interviews may be arranged for qualified applicants.

Applicant Statement

I certify that all information I have provided in order to apply for and secure a Fellowship with the Austen Riggs Center is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

Sealed Records: Disclosure of information relating to such records.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearance. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearance, and adjudications in all case of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge for the employer's service, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature _____ Date ____/____/____