

**Boston College
University Counseling Services**

***Postdoctoral Fellowship 2012-2013
APPLICANT QUESTIONNAIRE***

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed applications require the following by or before January 3, 2012.

- A letter detailing your interest in the fellowship and university mental health practice
- A curriculum vitae
- Current & *OFFICIAL* transcripts of graduate work
- Two letters of recommendation from clinical supervisors
- Applicant Questionnaire (pages 2 & 3)

All application materials should be sent to:

Craig Burns, Ph.D.
Director of Training
Boston College University Counseling Services
Gasson Hall 001
140 Commonwealth Ave.
Chestnut Hill, MA 02467

Please note: We do not accept any application materials by e-mail or fax.

APPLICANT QUESTIONNAIRE 2012-2013

Date: _____

Full Name: _____

Address: _____

Phone Number: _____ **E-mail:** _____

What is the status of your doctoral (academic) training program?

APA-Accredited _____ APA-Accredited, on probation _____ Not Accredited _____
If not APA / CPA-accredited, is the school regionally accredited? Yes / No

Is your internship APA- or CPA-accredited? Yes / No

How did you learn about our training program? _____

What is the current status of your dissertation / doctoral research project?

Please indicate the date that each of the following was completed or is expected to be completed:

Data collected _____

Data analyzed _____

Defense is targeted to occur _____

Defense is formally scheduled _____

Defended _____

In the event you have not yet formally scheduled your defense date, we may need to communicate with your research chair to verify the likelihood of your completion of your doctorate by the start of the Fellowship on August 20, 2012. Please provide contact details.

Primary research advisor: _____

Phone Number: _____

E-Mail: _____

Can you confirm that, *as far as you can anticipate*, you will be able to begin the Fellowship on its official start date, which will be August 20, 2012? Yes/No

If "NO," please indicate the potential difficulty:

What is the end date of your pre-doctoral internship? _____

What is your country of citizenship? _____

Non-citizen visa status: _____

Will this visa be current and valid through the duration of the Fellowship? Yes / No

Does this visa permit you to work? Yes / No

If you reply *No* to either question, please explain what you need, or plan to do, in order to obtain an appropriate visa. Please note that BC's Office of International Students & Scholars will assist fellows with the paperwork and procedures appropriate for training-related visas.

Please list your PRE-DOCTORAL SUPERVISED CLINICAL TRAINING experiences, with a breakdown for each, as follows:

Example:

Bayside Child Guidance Center	1999-2000	20 clients	10 months	X	10 hrs/week	X	4	= 400 hrs
Inpatient unit, Delta Hospital	2000-02	3 clients	3 months	X	5 hrs/week	X	4	= 60 hrs
Counseling Center, Univ. of X	2003-04	68 clients	11 months	X	40 hrs/week	X	4	= 1760 hrs

For current clinical positions, please project ahead the likely number of clients and hours you expect to total by the end of your time at the site.

Name & Type of Site Date Tot # Clients [Tot # Months] X [Hours/Wk] X [4] = TOT HRS

1. _____

2. _____

3. _____

4. _____

5. _____

(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)