Applicant Questionnaire

Boston College
University Counseling Services

Postdoctoral Fellowship 2017-2018
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed applications require the following by or before January 3, 2017.

- 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:
Julie AhnAllen, 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 2017-2018

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 14, 2017. 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 14, 2017?    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 2013-2014 20 clients 10 months X 10 hrs/week X 4 = 400 hrs
Inpatient unit, Delta Hospital 2014-2015 3 clients 3 months X 5 hrs/week X 4 = 60 hrs
Counseling Center, Univ. of X 2015-2016 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.

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<th>Name &amp; Type of Site</th>
<th>Date</th>
<th>Tot # Clients</th>
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(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)