

**Boston College  
University Counseling Services**

***Postdoctoral Fellowship 2009-2010  
APPLICANT QUESTIONNAIRE***

**INSTRUCTIONS FOR APPLICATION PROCESS:**

**Completed applications require the following by or before January 2, 2009.**

- 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:**

Frieda Wong, Ph.D.  
Director of Training  
Boston College University Counseling Services  
Fulton 254  
140 Commonwealth Ave.  
Chestnut Hill, MA 02467

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

**APPLICANT QUESTIONNAIRE 2009-2010**

**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 17, 2009. 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 17, 2009? 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.

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**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)