Boston College
University Counseling Services

Postdoctoral Fellowship
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR THE APPLICATION PROCESS:

Completed applications require the following by or before January 2, 2023.

- A personal statement detailing your interest in the fellowship, why you would be a good fit, clinical strengths and growing edges, and training goals
- 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:
Selina Guerra, Ph.D.
Assistant Director for 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 2023-2024

Date: __________________
Name: __________________________________
Address: _____________________________________________________________
______________________________________________________________________
______________________________________________________________________
Phone Number: ___________________________ E-mail: ____________________________

If you are not a U.S. citizen, do you have a visa that is valid through the duration of the Fellowship? 
Yes / No
State(s) you hope to be licensed: ____________________________________________

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

Ph.D. _______  Psy.D. _______  Other _______
APA-Accredited _____  APA-Accredited, on probation _____  Not Accredited _____
If not APA / CPA-accredited, is the school regionally accredited?  Yes / No

Is your internship APA-accredited? Yes / No or CPA-accredited? Yes / No
If not, does it meet APPIC guidelines? Yes / No (If yes, please request APPIC form by emailing UCS Training Director: Selina Guerra, PhD; guerrase@bc.edu)

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 date: Targeted _______________  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 21, 2023. Please provide contact details.

Primary research advisor: ________________________________________________
Phone Number: _______________________________________________________
E-Mail: _____________________________________________________________

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Applicant Questionnaire
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 21, 2023? Yes/No
If “NO,” please indicate the potential difficulty:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What is the end date of your pre-doctoral internship?
________________________________________________________________________

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

Example:
Bayside Child Guidance Center 2016-2017 20 clients 10 months X 10 hrs/week X 4 = 400 hrs
Inpatient unit, Delta Hospital 2017-2018 32 clients 3 months X 5 hrs/week X 4 = 60 hrs
Counseling Center, Univ. of X 2018-2019 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>
<th>[Tot # Months]</th>
<th>[Hours/Wk]</th>
<th>X [4] = TOT HRS</th>
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(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)