Boston College
University Counseling Services

Postdoctoral Fellowship
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed application “packets” require the following by or before January 2, 2024.

- 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
  - Unofficial transcripts can be submitted while Official transcripts are in transit; however, official transcripts are required
- Two letters of recommendation from clinical supervisors
- Applicant Questionnaire (pages 2 & 3 of this document)

Complete application “packets” can be submitted several ways:

1) Via APPA CAS (APPIC Psychology Postdoctoral Application) OR

2) Emailed to Selina Guerra, PhD (guerrase@bc.edu) with the subject heading COMPLETE FELLOWSHIP APPLICATION MATERIALS FOR (your name) OR

3) Mailed 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 fax.
APPLICANT QUESTIONNAIRE 2024-2025

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

If yes, please state what type of visa and the date of expiration. _____________________________

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   CPA-accredited?  Yes / No

If not, does it meet APPIC guidelines?  Yes/ No (If yes, please request APPIC guidelines 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 target date _____________________ Formally scheduled _________________
  Dissertation Defended __________________

In the event you have not yet formally scheduled your defense date, we may need to communicate with 
your research chair / academic advisor to verify the likelihood of your completion of your doctorate by 
the start of the Fellowship on August 19, 2024. 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 19, 2024?  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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(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)