

**Boston College  
University Counseling Services**

***Postdoctoral Fellowship  
APPLICANT QUESTIONNAIRE***

**INSTRUCTIONS FOR APPLICATION PROCESS:**

**Completed applications require the following by or before January 4, 2021.**

- 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:**

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 2020-2021

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- or CPA-accredited? Yes / No

If not, does it meet APPIC guidelines? Yes/ No (If yes, please attach APPIC form found on UCS website)

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 23, 2021. 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 23, 2021? Yes/No

If "NO," please indicate the potential difficulty:

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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	2017-2018	20 clients	10 months	X	10 hrs/week	X	4	= 400 hrs
Inpatient unit, Delta Hospital	2018-2019	32 clients	3 months	X	5 hrs/week	X	4	= 60 hrs
Counseling Center, Univ. of X	2019-2020	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)