Boston College
University Counseling Services

Postdoctoral Fellowship
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed applications require the following by or before January 2, 2020.

- 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 2019-2020

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 24, 2020. 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 24, 2020? 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.

<table>
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<tr>
<th>Name &amp; Type of Site</th>
<th>Date</th>
<th>Tot # Clients</th>
<th>[Tot # Months] X [Hours/Wk] X [4] = TOT HRS</th>
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(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)