



Brandeis Counseling Center

Post-doctoral Fellowship **APPLICANT QUESTIONNAIRE**

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed applications require the following by or before January 15, 2018.

A letter detailing your interest in the fellowship and why you would be a good fit

A curriculum vitae

Current & *OFFICIAL* transcripts of graduate work

Two letters of recommendation from clinical supervisors

Applicant Questionnaire (next pages)

All application materials should be mailed to:

Dennis Tyrell, Ph.D.
Director of Training
Brandeis Counseling Center
MS 061 Brandeis
University PO Box 549110
Waltham, MA 02454-9110

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



Brandeis Counseling Center

APPLICANT QUESTIONNAIRE

Date: _____

Full 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 _____



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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 in mid-August of the next training year. 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 start date, which will be in mid-August of the next training year. Yes No

If “NO,” please indicate the potential difficulty:

What is the end date of your current pre-doctoral internship?_

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

Example:

Ajax Mental Health Alliance	2014-2015	20 clients	10 months	X	10 hrs/week	X	4	= 400 hrs
Inpatient unit, ABC Hospital	2015-2016	32 clients	3 months	X	5 hrs/week	X	4	= 60 hrs
Univ of A Counseling Ctr	2017-2018	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. (please attach additional pages as necessary)

Name & Type of Site	Date	Total # of Clients	Total Months x Total Hours/Week	Total Hours