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:

Roberta Caplan, 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.
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 ________________

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:  ________________________________________________________________

Brandeis Counseling Center
Applicant Questionnaire
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.

Name & Type of Site          Date     Tot # Clients [Tot # Months] X [Hours/Wk] X [4] = TOT HRS
1.______________________________________________________________________________________
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5.______________________________________________________________________________________

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Applicant Questionnaire
(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)