



Postdoctoral Fellowship Handbook

2020 – 2021



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I. Welcome

The Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine is a vibrant, multidisciplinary department dedicated to advancing science and integrating this foremost mission with those of clinical innovation, educational excellence, community engagement and commitment, and professionalism and leadership development. The Department is one of the top ranked departments in the country, providing outstanding clinical and research training and state of the art treatment, and producing renowned clinical and basic neuroscience research.

The Department of Psychiatry and Behavioral Sciences is dedicated to training the next generation of mental health clinicians and researchers. The Fellowship program serves as the culmination of training and is guided by the scientist-practitioner model. Postdoctoral fellows are offered diverse clinical experiences in assessment and treatment utilizing evidence-based treatments, rich didactics based on current empirical literature, opportunities for scholarly inquiry, and supervision by Stanford faculty.

II. Mission

The mission of the fellowship is to train highly skilled, ethical psychologists who contribute to the field of psychology through clinical work, research and/or education.

III. Program Goals and Competencies

The primary goal of the program is to provide advanced training in the areas of clinical service, scholarly inquiry, professionalism and ethical decision making. The program design is based on seven core competencies. Each postdoctoral fellow participates in a number of training experiences based on these competencies throughout the year.

1) Integration of Science and Practice

- Fellows will develop competence in the integration of research and practice
- Fellows will systematically evaluate the effectiveness of their clinical work (e.g., monitoring patient outcomes)
- For those with protected research time, fellows will develop and implement a research project and prepare it for publication

2) Ethics and Legal Matters

- Fellows will demonstrate knowledge of ethical principles and state law

3) Individual and Cultural Diversity

- Fellows will continue to develop in their awareness and appreciation of cultural and individual differences and will demonstrate sensitivity to patient diversity

4) Theories and Methods of Diagnosis and Assessment

- Fellows will develop advanced competencies in differential diagnosis and the psycho-diagnostic evaluation of patients

5) Theories and Methods of Effective Psychotherapeutic Intervention

- Fellows will develop advanced competence in the use of empirically-supported, evidence-based treatments

6) Professional Conduct and Interpersonal Relationships

- Fellows will demonstrate professionalism in their relationship with clients, faculty, and other mental health professionals, and they will demonstrate responsibility with respect to consultation, workflow and management, and program evaluation

7) Dissemination Beyond Clinical Care

- Fellows will deepen their work in research, supervision, or teaching by choosing one area of concentration

IV. Clinical Programs

A. Clinical Psychology (Adult)

The Adult Clinical Psychology program is under the direction of Kate Corcoran, PhD, Training Director, and Norah Simpson, PhD, Assistant Training Director. The following faculty provide supervision and teaching to the fellows in the program.

Faculty:

Sarah Adler, PsyD
Bruce Arnow, PhD
Tali Ball, PhD
Fiona Barwick, PhD
Kate Corcoran, PhD
Jennifer Douglas, PhD
Katie Fracalanza, PhD
Elise Gibbs, PsyD
Kate Hardy, PsyD
Janie Hong, PhD
Christine Juang, PhD
Joshua Kirz, PhD
Stacy Lin, PhD
Anthony Lombardi, PsyD
Kristin Luce, PhD
Rachel Manber, PhD
Kelli Moran-Miller, PhD
Lilya Osipov, PhD
Thomas Plante, PhD
Lisa Post, PhD
Heather Pourpore-King, PhD
Erica Pearse Ragan, PhD
Douglas Rait, PhD

Athena Robinson, PhD
Carolyn Rodriguez, MD
Elsa Esther Rojas-Ashe, PhD
Cristin Runfola, PhD
Debra Safer, MD
Norah Simpson, PhD
Kristine Slater, PhD
David Talavera, PhD
Allison Thompson, PhD
Helen Wilson, PhD
Sanno Zack, PhD

Fellowship Opportunities

The Clinical Psychology Fellowship (Adult Program) is designed to provide both breadth and depth of training, with opportunities for postdoctoral fellows to gain supervised training in the assessment and treatment of adults presenting with a wide variety of psychological disorders, while also allowing for focused training in specific areas of interest.

The training offered within the Clinical Psychology program emphasizes evidence-based practice (EBP), focusing on research that informs and supports clinical interventions in our patient population. Postdoctoral fellows gain experience and receive supervision in EBP, including, but not limited to: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy, Prolonged Exposure, Exposure and Response Prevention, Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy, Interpersonal Therapy (IPT), and Couples and Family interventions.

The fellowship is structured to provide fellows with a balance of direct clinical training, supervision, educational programming, and professional development opportunities; postdoctoral fellows spend 50% of their time, or 20 hours, in the provision of direct clinical service, with the remaining time comprised of supervision, didactics and non-direct clinical service. The training year is individually tailored to provide supervised training in general adult psychology as well as in the chosen area of emphasis. Postdoctoral fellows receive intensive supervision, including a minimum of two hours of individual supervision, with many postdoctoral fellows receiving additional supervision. Postdoctoral fellows spend a minimum of six to eight hours a week in didactics and supervision. The balance of training activities allows postdoctoral fellows to gain supervised training in evidence-based practice and prepare them for autonomous practice.

Stanford offers fellowships in Adult Clinical Psychology in one of the following tracks:

General Clinical Psychology Track (Psychosocial Treatment Clinic):

The fellowships offered within the Psychosocial Treatment Clinic provide the opportunity for advanced clinical training in clinical psychology. During the year-long fellowship, fellows conduct initial evaluations as well as on-going treatment. Treatment may include individual, group, couples and family therapy.

Referrals to the Psychosocial Treatment Clinic include patients with a wide variety of diagnoses and problems. These include mood, anxiety and eating disorders, as well as personality disorders. A small number of patients with psychotic disorders are also seen in this clinic. Fellows in the Psychosocial Treatment Clinic have the opportunity to gain both breadth and depth in evidence-based assessment and treatment. All fellows spend approximately half of their clinical time seeing patients in one of the emphasis areas listed below, with the remaining clinical time devoted to generalist training. Emphasis areas currently available within this fellowship include:

1. Evidence-Based Treatment of Anxiety and Depression
2. Dialectical Behavior Therapy
3. [Treatment of Eating Disorders](#)
4. Family and Couples Therapy
5. Psychosocial Treatment of High-Performance Athletes
6. OCD and Related Disorders
7. PTSD Clinic
8. [CBT for Psychosis](#) (mini rotation or major rotation)
9. Treatment of Substance Abuse Disorders (mini rotation)
10. [Confidential Support Team](#) (mini rotation): helping students who have experienced sexual assault or relationship violence)
11. [THRIVE Clinic](#) (mini rotation): focusing on LGBTQ+ individuals

Fellows in the Psychosocial Treatment Clinic will receive supervision from a minimum of two departmental faculty, with one faculty member overseeing supervision of the fellow's area of emphasis, and a second faculty member overseeing the generalist training (or secondary emphasis area). All fellows are also welcome to work with a member of the Adjunct Clinical Faculty to supplement the supervision they receive from internal faculty.

Pain Psychology Track:

Fellows are provided medical, psychiatric, and behavioral didactic experiences to help them learn the role of biopsychosocial factors in the treatment and assessment of chronic pain conditions. These include the onset, maintenance, and treatment of adult pain conditions in the context of a comprehensive, interdisciplinary, and collaborative training environment. We specialize in providing compassionate and novel services.

Our outpatient trainings include: specialization in evidenced based treatment for chronic pain such as cognitive, behavior, acceptance, mindfulness, hypnosis, emotion focused, and biofeedback-based therapies delivered in both individual and group-based settings. Please visit our website for information regarding our extensive group offerings. Comprehensive health and behavior assessments include: multidisciplinary treatment planning and pre-procedure evaluations for implantable devices, including spinal cord stimulation among other procedures for chronic pain. In addition to the outpatient experiences, fellows will have the opportunity to observe the only inpatient, multidisciplinary, academic, chronic pain management unit in the United States.

Sleep Medicine Tracks:

There are two postdoctoral fellowships in Behavioral Sleep Medicine that offer training in cognitive behavioral treatments for sleep disorders. One is based in the Psychiatry and Behavioral Sciences building on the Stanford University campus and the other at the Stanford Sleep Medicine Center in Redwood City. Both Fellowships are accredited by the Society for Behavioral Sleep Medicine and enable trainees to fulfill eligibility requirements for the Diplomate in Behavioral Sleep Medicine exam.

1. Sleep and Circadian Health Postdoctoral Fellowship Program

The Sleep & Circadian Health fellowship provides supervised training in behavioral sleep medicine and circadian biology. Fellows receive their training at The Stanford Sleep Medicine Center, a fast-paced, multidisciplinary academic medical setting that is one of the longest established and best-known centers for sleep disorders in the country. Fellows are trained in the assessment, diagnosis, and treatment of insomnia, circadian rhythm disorders, parasomnias, sleep apnea, restless legs, and pediatric sleep problems with and without co-occurring psychiatric or medical conditions. Interventions include cognitive-behavioral therapy for insomnia, augmentation techniques for circadian rhythm disorders (melatonin, light therapy), imagery rehearsal therapy for nightmares, and “third-wave” therapies for all sleep disorders (motivational enhancement, relaxation, mindfulness, acceptance and commitment therapy).

Clinical services are provided to adults (ages 18-75+) and children (ages 7-17). Approach to treatment is flexible, ranging from 2 to 8 sessions with a modal number of 4 sessions. Fellows average 20 hours per week for direct clinical care, including initial evaluations (approximately 6 patients/week), individual therapy (approximately 9 patients/week) and group therapy (approximately 6-8 patients/group). They average 10 hours per week for indirect clinical services, including session preparation and note / report writing. Treatment is conducted in individual, group or family formats.

2. Sleep Health & Insomnia Program Clinical BSM fellowship

The training focus of this fellowship is on non-pharmacological treatments for sleep disorders in adults: cognitive behavioral therapy for insomnia, treatment of circadian rhythm disorders, imagery rehearsal therapy for nightmare disorder, and CPAP desensitization. Fellows will have the opportunity to treat complex behavioral sleep medicine presentations, including patients with co-morbid psychiatric, pain, sleep, and other medical conditions. Additional training opportunities are tailored to applicants' interests and goals and may include focused training in treatment of pediatric sleep disorders and general psychotherapy for adults. Full time clinical fellows will see approximately 20 individual patients/week (primarily individual therapy appointments with 1-4 diagnostic evaluations/week).

This program emphasizes professional development beyond clinical care. Past fellows have chosen to engage in ongoing research, participate in supervision/mentorship of graduate

students, co-author chapters and empirical papers, and provide talks to academic and community groups. Fellows are also encouraged to participate in SHIP laboratory meetings, which are attended by a diverse group of clinicians, researchers, fellows and graduate students. Clinical fellows will have the option to contribute to research projects currently underway or recently completed. These include RCTs for treatment of insomnia during the peripartum period (including infant sleep) and for insomnia co-morbid with obstructive sleep apnea. Other ongoing research projects include promotion of sleep health among undergraduates and medical students, and emotion regulation in bruxism. Fellows will also have access to large archival databases from past RCTs and group CBTI.

Adult Specific Didactics:

Fellows participate in a number of didactics with other fellows and trainees in the department as well as faculty.

The *Professional Development Seminar* is designed specifically for fellows training in clinical psychology. This one-hour weekly seminar, led by Drs. Kate Corcoran and Norah Simpson, explores topics relevant to professional development, including careers in psychology, models of supervision, consultation and liaison work, current developments in evidence-based treatments, and innovative research. In addition, this seminar includes monthly case consultation and research presentations by postdoctoral fellows. Postdoctoral fellows participate actively in determining topics and speakers for this series.

In addition to the Professional Development Seminar, adult fellows will spend an additional hour each week in a didactic series that runs quarterly. The first quarter is led by Dr. Thomas Plante and covers Ethics, Legal, and Professional Issues. The second quarter is led by Dr. Athena Robinson and focuses on topics related to supervision. The final quarter is led by Drs. Jen Douglas and Stacy Lin and explores topics related to Diversity, Equity, and Inclusion.

Ethics, Legal and Professional Issues Seminar: This one-hour weekly seminar provides a comprehensive overview and analysis of the Ethical Principles of Psychologists and Code of Conduct. The seminar focuses on the ethical, professional, clinical, and legal issues, and how they bear on the work of all psychologists, regardless of specialty area. The General Principles (aspirational), Ethical Standards (mandatory), and APA's Practice Guidelines will be reviewed. In addition, the seminar explores competence, confidentiality, record keeping, multiple relationships, barter, advertising, assessment, publication, forensic work, media presentations, using the internet, making or dealing with ethics complaints, and more, as they bear on clinical services, teaching, supervision, and research, or any professional work done by psychologists.

Supervision Seminar: This one-hour seminar, led by Dr. Athena Robinson, is designed to provide an overview of engaging in and orchestrating supervision in clinical psychology training ecosystems. It includes active engagement in discussion, ethical conundrum consideration, experiential activities, and article review. Following the seminar fellows will be able to:

- Understand the purpose and process of supervisee evaluation and feedback throughout the supervisory relationship;
- Select and/or develop tools for supervisee evaluation;

- Conduct supervision orientation session;
- Recognize the importance of cultural ‘competency’ in supervision, and identify ways to develop and sustain it throughout practice;
- Review APA clinical psychology supervision guidelines and state licensure requirements;
- Discuss legal considerations within the professional practice of supervision;
- Develop awareness of challenges and other concerns that occur in the supervision of psychologists and discuss ways to effectively address them;
- Develop awareness of how personal attitudes and values impact supervision, and begin to demonstrate attitudes that support effective supervision practices;
- Identify factors impacting the interpersonal relationship between supervisor and supervisee, and describe steps to promote development of an effective supervisory relationship;
- Recognize ethical issues in supervision and apply ethical reasoning when presented with such dilemmas in practice
- Understand the symptoms and precautionary interventions of supervisor burnout

Diversity, Equity, and Inclusion Seminar: This weekly seminar, co-facilitated by Drs. Jen Douglas and Stacy Lin, is designed to increase discourse and awareness of how overarching societal norms can affect processes within the therapeutic context. Course participants will be invited to participate to their own comfort level and experiment with going beyond their current comfort level in discussing issues of diversity, equity, and inclusion. Course discussions may be continued from one class to the following week if extended time is needed. Course participants should expect to present a case from a diversity-informed lens and to participate in constructive conversations over how patient background and prior experience may be influencing processes within therapy room.

B. Specialization in Child and Adolescent Psychology

The Child and Adolescent Clinical Psychology program is under the direction of Sharon Williams, PhD. The following faculty provide supervision and teaching to the fellows in the program.

Emily Ach, PhD
 Michele Berk, PhD
 Cara Bohon, PhD
 Michelle Brown, PhD
 Stephanie Clarke, PhD
 Danielle Colborn, PhD
 Kate Dahl, PhD
 Grace Gengoux, PhD
 Jennifer Phillips, PhD
 Elizabeth Reichert, PhD
 Kimberly Rosania, PhD
 Heather Rosen, PhD
 Lauren Schneider, PsyD
 Kirsten Willar, PhD

Sharon Williams, PhD

The Clinical Child Psychology program serves as the culmination of training in this area and is guided by the scientist-practitioner model. Residents are recruited from science-practitioner psychology graduate programs in clinical or counseling child psychology, school psychology or those programs that have significant training in the areas of child development, child psychopathology and child psychotherapeutic interventions. The resident program is based on the science-practitioner model by providing residents with evidenced-based clinical training and didactics which are based on empirical research. The integration of issues related to physical and emotional development, environmental and cultural factors, and family and community relationships with diagnosis, assessment and treatment of children is the primary focus of training. By providing diverse clinical experiences in assessment and treatment utilizing evidenced based treatments, rich didactics based on current empirical literature, opportunities for scholarly inquiry, and direct supervision and access to outstanding Stanford faculty, the program graduates highly skilled clinical child psychologists.

The Child and Adolescent Clinical Psychology program provides both depth and focus on the area of child psychology by providing training that is based on further developing knowledge, skills and competencies. The breadth of the program is evident in the range of treatment modalities employed, age range of the patient population, and type of diagnoses treated. Residents participate in four rotations throughout their training year (mood or anxiety clinic, autism spectrum disorders clinic, eating disorders clinic, psychological testing), ensuring a varied experience and exposure to patients with a range of presenting concerns. Residents conduct initial evaluations, assessments and psychotherapeutic interventions in these rotations. Depth of training is evident in the residents' primary assignment to specialty clinics whose populations are diagnosis specific. This allows residents to have concentrated training conducting evaluations, assessments and psychotherapy with specific patient populations thereby gaining expertise in the various treatment issues with that specific population.

The training offered within the program emphasizes evidence-based practice (EBP), focusing on research that informs and supports clinical interventions in our patient population. Fellows gain experience and receive supervision in a number of treatments including Cognitive Behavioral Therapy (CBT), Pivotal Response Therapy (PRT), Dialectical Behavioral Therapy (DBT), and Parent Child Interaction Therapy (PCIT).

Outpatient Fellowship:

Fellows conduct initial evaluations and treatment in the Child and Adolescent Psychiatry outpatient clinics with patients in the Anxiety Disorders or DBT/Crisis clinics (primary rotation), the Autism and Developmental Disabilities clinic or Parent Child Interaction Therapy (young child minor rotation), and the Eating Disorders clinic (minor rotation). They also conduct psychological testing (10-12 cases) throughout the year. Fellows conduct one to two initial evaluations each week and carry ongoing individual psychotherapy and/or family therapy cases. Fellows also participate in at least one psychoeducational or therapeutic group throughout the year.

- Anxiety Disorders Clinic

Fellows conduct evaluations and treatment of children and adolescents who have symptoms such as excessive worries and fears. Common diagnoses for this clinic include Panic Disorder, Agoraphobia, Social and specific Phobias, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, and Separation Anxiety Treatment include primarily CBT.

- DBT/Crisis Clinic

Fellows conduct evaluations and treatment of children and adolescents who have had suicide attempts, non-suicidal self-injury and suicidal ideation. Common diagnoses for this clinic include mood and anxiety disorders as well as Borderline Personality Disorder.

- Eating Disorders Clinic

- Fellows conduct evaluations and treatment of children and adolescents who have difficulties with eating and feeding. Common diagnoses for this clinic include Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Avoidant/Restrictive Food Intake Disorder (ARFID). Fellows primarily treat patients with AN but have opportunities to treat patients with other diagnoses. Treatments include family-based psychotherapy, CBT, and IPT. Autism and Developmental Disabilities Clinic

Fellows conduct evaluations and treatment of young children who have social and communication difficulties and developmental delays. Common diagnoses for this clinic include Autism Spectrum Disorder (ASD), Intellectual Disability and Genetic Disorders. Treatments include individual and group therapy utilizing PRT.

- Parent Child Interaction Therapy

Fellows conduct evaluations and treatment with young children who have difficulties managing their behavior. Common diagnoses for this clinic include Oppositional Defiant Disorder and Disruptive Behavior Disorder.

- Testing

Fellows conduct comprehensive assessments with children and adolescents to rule out diagnoses such as learning disorders, ADHD, ASD, intellectual disabilities, mood and psychotic disorders.

Pediatric Psychology Fellowship

Fellows conduct initial evaluations and treatment with children and adolescents whose presenting problems include adjustment to illness, pain management, non-adherence to treatment, procedural anxiety, parental adjustment to illness, and palliative care issues. Treatment modalities include CBT, behavior modification, supportive therapy, guided imagery and hypnosis.

Outpatient clinical activities include rotations with the Solid Organ Transplant teams (heart, lung, liver, kidney) as well as medical services such as Gastroenterology, Oncology, Endocrinology, Stem Cell and the Cleft and Craniofacial Center. Fellows conduct initial evaluations, consultations and treatment. Additionally, fellows conduct initial evaluations and treatment in the Medical Coping and Wellness Clinic in Child and Adolescent Outpatient Clinics. Fellows also conduct psychological/neuropsychological testing (10-12 cases) throughout the year. Opportunities for inpatient consultation and follow up are available.

Autism Fellowship:

Fellows conduct initial evaluations and treatment with children and adolescents whose primary diagnosis is ASD. Treatment modalities include PRT in individual and group formats, CBT, and the Program for the Education and Enrichment of Relational Skills (PEERS). Fellows also conduct ASD testing assessments (10-12 cases) throughout the year. Additionally, fellows complete a minor rotation in Anxiety Disorders Clinic conducting initial evaluations and treatment for children with a range of anxiety disorders utilizing CBT.

Eating Disorder Fellowship:

The Eating Disorders Clinic conducts evaluations and treatment of children and adolescents who have difficulties with eating and feeding. Common diagnoses for this clinic include Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Avoidant Restrictive Food Intake Disorder (ARFID). Children with other eating/feeding related problems are also treated. Family-based treatment (FBT) is the primary form of treatment. Cognitive Behavioral Therapy, IPT and other empirically based therapies are also utilized. The clinic works closely with Adolescent Medicine to provide comprehensive care. Additionally, Fellows have the opportunity to conduct testing assessments throughout the year.

Child and Adolescent Specific Didactics:

Fellows participate in a number of didactics in the department throughout the year. The *Psychology Seminar* is designed specifically for fellows training in child and adolescent psychology. This weekly one-hour seminar is organized by Dr. Williams and taught by faculty in the department. The Seminar focuses on topics relevant to clinical practice of child psychology including parenting skills, diagnosis specific evaluations, EBT such as CBT, PRT, and DBT, professional development issues (i.e. licensure, job searches, administrative issues related to clinical practice), and new testing measures.

Fellows participate in a one to two one-hour *Specialty Clinic Meetings* each week. These meetings are specific to the child and adolescent patient populations they work with during their training year (i.e., DBT Consult, Anxiety Disorders Clinic, Eating Disorders, Autism Spectrum Disorders.) Each clinic meeting is held two or three times a month and concentrate of treatment protocols relevant to the particular diagnostic patient population, case presentations and management of caseload, and cases shared with psychiatry residents or attendings.

Additionally, fellows participate in a one-hour weekly *Postdoc Consultation Group* which is designed to allow the fellows the opportunity to discuss various topics related to their program, training and professional development with a psychology group leader who is outside of the institution. Typically, time is spent on professional development issues, journal club, and case consultation.

Fellows who supervise practicum students participate in a one-hour weekly *Supervision of Supervision Group* led by Dr. Williams. This group meeting reviews the fundamentals of supervision and provides the opportunity to discuss issues that arise during the course of providing supervision to the practicum students. Videotaped of supervision are reviewed in the group.

Fellows participate in a quarterly one-hour *Diversity and Inclusion Forum* which is led by Dr. Williams and Dr. Brown, the training director for our APA accredited internship program and residency supervisor. The forum is designed to facilitate a variety of discussions related to the topic of diversity and inclusion by utilizing stories to explore a person's experience, in their own voice, about their race, ethnicity/culture, religion, sexual identity, and immigration status. The overall goal of the forum is to explore how these topics are related to our work with patients and/or our own experiences in a safe and confidential environment. The forum is also attended by the child psychology interns.

Fellows participate in a three month long weekly one-hour *Ethics* course led by Drs. Fedigan and Rosania, both of whom are residency supervisors. The course reviews the APA Ethical Principles of Psychologists and Code of Conduct as well as legal issues specific to licensure and practice in the state of California. Case presentations and discussion are utilized to exemplify issues related to legal and ethical dilemmas. Additionally, legal and ethical issues related to the practice of child and adolescent psychology (i.e., CPT reports, medical foster care, high conflict divorce and treatment authorization) are addressed.

C. Didactics

Stanford University is a rich learning environment and as such, fellows participate in many didactic opportunities throughout the year.

Mandatory Didactics Across Both Programs:

Professional Issues Workshop: This four-hour workshop focuses practical aspects of being an independent practicing psychologist. Topics covered in the workshop include: managing the licensure process; issue to consider working in private practice; billing, insurance, malpractice and office management in the real world; and panel presentation from newly licensed and practicing psychologists in a variety of settings.

Grand Rounds in Psychiatry: Grand Rounds are held once a week from September to June each academic year. Topics range from diagnostic issues, treatment issues, ethics, cultural psychiatry and neuroscience. One presentation a month is dedicated to child and adolescent mental health. Grand Rounds presenters come from a variety of academic institutions throughout the country and abroad. See: https://med.stanford.edu/psychiatry/education/grand_rounds.html for more information on the grand rounds schedule and topics.

Optional Didactics:

CBT Psychotherapy Seminar: This weekly one-hour seminar is led by Dr. David Burns for fellows and psychiatry postdoctoral fellows. The focus is on developing advanced competence in cognitive-behavioral therapy.

Seminar in Biostatistics: This weekly two-hour course in clinical biostatistics, optional for full time clinical postdoctoral fellows and required for postdoctoral fellows conducting research, provides cutting-edge training in advanced clinical research methods.

VA Licensure Courses: Opportunities are available for postdoctoral fellows to participate in continuing education sessions hosted by the Palo Alto Veterans' Affairs Health Care System. These sessions allow postdoctoral fellows to complete courses that are mandated for licensure by the California Board of Psychology. Contact Jeanette Hsu, PhD (Jeanette.Hsu@va.gov), at the VA for more information about the courses and schedule.

D. Supervision

Psychology fellows receive a minimum of four hours of supervision each week. A minimum of two hours are individual supervision. Supervision starts the first week of the fellowship and continues through the program, ending on the last week of the program. Time for supervision is blocked in fellows' schedules to ensure that they have the required amount of time for effective and meaningful supervision. Supervision is primarily conducted by attending psychologists in the clinic or unit in which the fellow is seeing patients. In the event of supervision by a non-psychologist (i.e. psychiatrist), this occurs no more than one hour a week and only if the postdoctoral fellow did not receive supervision during their internship from a non-psychologist. (California licensing regulations allow for no more than 750 hours of pre and post-doctoral hours to be conducted under the license of a non-psychologist.)

E. Training Hours

Fellows' service delivery activities are learning-oriented, and the number of cases assigned to a fellow (20 patient contact hours/week for a full time fellow) is based on training goals and opportunities. The remaining time is spent in didactics, supervision, and indirect patient care.

V. Administration of the Fellowship Program

A. Postdoctoral hours

The postdoctoral fellowship is a one-year, full-time fellowship. Fellows need a minimum of 1500 hours to qualify for licensure in the state of California. The minimum hours needed to complete the fellowship is 1750 which can be achieved over the course of the fellowship year. Fellows are expected to spend 20 hours each week in direct patient care and 4 hours a week in supervision. Supervisors monitor the number of patients that fellows work with to help insure a rich training experience. Discussion between supervisors and fellows regarding their volume of clinical training is discussed throughout the year in supervision and adjustments to caseload are made as appropriate. Supervision is tracked by the fellows using a supervision log to ensure that the correct number of hours is being met. Logs are periodically reviewed by the training director.

B. Competency Evaluations

Fellows are provided with written feedback from supervisors mid-year and at the end of the year. The evaluations are based on the competencies of the program and are an opportunity to discuss progress toward these competencies as well as the personal goals set by each fellow at the beginning of the training year. By the end of the year, fellows must achieve a rating of “5” or above on the core competencies as the minimum requirement for completion.

C. Successful Completion of the Postdoctoral Fellowship

In order to successfully complete the postdoctoral fellowship, fellows will be rated a “5” or higher in all of rated domains on the General Competency Evaluation Form by the end of fellowship. A “5” rating is defined as: “Advanced/Consultation as needed. Fellow Demonstrates competency attained at beginning licensure level. Trainee demonstrates refined use of clinical skills. Continued consultation for cases as needed.”). To obtain these ratings, the fellow should consistently display the specific quality/skill in every clinical area and/or know when he/she needs to consult at required levels within at least the last month of fellowship.

Fellows will also receive a “5” or higher on the supervision, research, or teaching evaluation, depending on which area of focus they selected for their training year.

In addition, fellows are expected to attend all mandatory didactics and to engage in ethical, professional behavior throughout their time in the fellowship.

D. Stipend and Benefits

The stipend for the 2020-2021 year is \$64,268.00. Generous medical coverage, including vision and dental, is included. Please visit the Stanford University Office of Postdoctoral Affairs Benefits webpage for up-to-date information, at: <http://postdocs.stanford.edu/benefits/>.

Please note that fellows are required by the University to have medical coverage. The department will register fellows for a mandatory Benefits Session. At this session, fellows receive a benefits packet with benefit plan information and step-by-step enrollment instructions which will be explained in detail by our benefits staff. Fellows must attend a Benefits Session before their benefits enrollment can be approved. Enrollment is not automatic. Fellows will need to make enrollment elections within 31 days of starting your postdoctoral appointment.

Coverage enrollment may be delayed if a fellow does not choose a medical plan within the first 31 days of the postdoctoral appointment. In addition, if the enrollment process is not completed within the first 31 days, fellows will not be able to enroll in the dental or vision plans until the Open Enrollment period (in November each year).

E. Administrative Support and Other Resources

Administrative and Clerical Support: Fellows receive administrative support from Stanford University administrative assistants and SHC administrative staff. Clerical support for clinical services (i.e., for scheduling appointments, dealing with cancellations) is provided by the SHC

administrative staff in the Psychosocial Treatment Clinic, the Behavioral Sleep Medicine Clinic, and the Pain Medicine Clinic.

Computers and other resources: Fellows have access to excellent electronic resources, including computers, telephones, video-recording equipment, an electronic medical record (EPIC), dictation services, the Stanford online library, many computer and cloud-based applications (Stanford Medicine Box for HIPAA-compliant cloud storage and document sharing, Google G-Suite, Microsoft Office programs, etc.), Stanford email, fax services, and many other resources. Technical support for computers and phones is provided through the University and hospital IT services. Support for the EPIC EMR is available through EPIC-support. Stanford also has a ticket system for help requests, and all requests are triaged to the appropriate department.

Library: Fellows have access to the entire Stanford Library system, which includes more than 20 individual libraries located across campus, each with a world-class collection of books, journals, films, maps, and databases, in addition to an extensive online catalog. Residents also have access to the Lane Medical Library which is host to a number of scientific databases such as Medline, PubMed, and PsycInfo. Through Lane Library, residents have access to PsycTESTS, which provides access to over 60,000 psychological tests, measures, scales, surveys, and other assessments, Cochrane reviews, an electronic copy of the DSM-5, and an extensive video library.

F. Financial Assistance

Financial assistance is available to fellows through the Office of Postdoctoral Affairs in the form of Emergency Grant-In-Aid Funds (for Unexpected Expenses). Emergency Grant-in-Aid Funds assist postdoctoral scholars who experience a financial emergency or unanticipated expenses, e.g., medical, dental, etc., causing financial hardship for themselves or their dependents. This program is designed to assist those who cannot reasonably resolve their financial difficulty through fellowships or loans. Emergency Grant-in-Aid awards are grants that reimburse actual expenses. These awards are not a loan, and do not need to be repaid. Emergency Grant-in-Aid awards are taxable. Aid is made to reimburse postdocs for actual expenses up to \$5,000 per academic year (Sept. 1 to Aug. 31). For more information, and to apply, see:

<https://postdocs.stanford.edu/emergencygrantinaidfund>.

G. Community Resources

Stanford has an abundance of groups and organizations dedicated to creating a sense of community for all members of the Stanford community.

- Stanford University Postdoctoral Association (www.surpas.org)
- AllyList (<http://med.stanford.edu/lgbtqmeds/ALLYlist.html>)
- OutList (<http://med.stanford.edu/lgbtqmeds/outlist.html>)
- Stanford LGBTQ+ Postdocs (<http://www.surpas.org/stanford-lgbtq-postdoc>)
- Stanford Black Postdoc Association (<https://med.stanford.edu/diversity/programs/diversity-activity-groups-and-events/stanford-black-postdoc-association.html>)

- Stanford Latinx Postdoc Association (<http://www.surpas.org/stanford-latinx-postdoc>)
- Stanford First Generation Mentorship Program (<https://med.stanford.edu/md/student-affairs/1stgenmentorship.html>)
- Leadership Education in Advancing Diversity Program (<https://med.stanford.edu/pediatrics/education/events/lead.html>)

VI. Postdoctoral Policies

A. Leave Policies

Disability: All fellows have short-term and long-term disability plans for use if unable to work due to accident, illness, or pregnancy. Please visit the Benefits webpage (<https://postdocbenefits.stanford.edu/benefit-options/disability-leaves>) for details. Please see maternity/paternity leave section below for additional details on this type of leave.

Vacation Policy: Fellows receive 15 vacation days for the duration of the academic year, in addition to official holidays. Time spent attending scientific meetings is not to be considered vacation, but it does count towards professional development leave (see Professional Development Leave section below for additional details). Fellows are expected to use their allotted vacation in the year it is accrued. All vacation leave must be scheduled in advance with the training director and approved by the supervisors and training director. Requests for additional time must be negotiated with the training director and it is recommended that those requests and responses be documented in writing. We ask that no vacation time is taken within the last 2 weeks of the fellowship year in order to maintain patient care.

Sick Leave Policy: Fellows may take up to 12 calendar days of paid leave due to illness during the academic year. Sick leave can be used for the individual or for the care of immediate family. Under exceptional circumstances, this period may be extended at the discretion of the faculty sponsor. Sick leave is not cumulative from one appointment year to the next.

Professional Leave Policy: Fellows are eligible for up to 5 days to attend conferences, workshops, job interviews or other professional development activities. Fellows should request this leave should be discussed with the training director.

Maternity/Paternity Leave: See <https://postdocbenefits.stanford.edu/benefits/disability-leaves/maternity-paternity-programs> for current offerings.

Family and Medical Leave Policy: Fellows may be eligible for unpaid family and medical leave for certain family and medical reasons, including events such as the birth or adoption of a child. See <https://postdocbenefits.stanford.edu/benefit-options/disability-leaves> for more information.

B. Promoting a Supportive and Inclusive Environment

All Stanford faculty, staff, students, and postdoctoral fellows are expected to adhere to the University's standards of academic integrity, honesty and behavior. The primary conduct codes are the [**University Code of Conduct**](#) and the [**Honor Code and Fundamental Standard**](#).

An important aspect of the University Code of Conduct is *Respect for Others*, which states:

Stanford University is an institution dedicated to the pursuit of excellence and facilitation of an environment that fosters this goal. Central to that institutional commitment is the principle of treating each University Community member fairly and with respect and embracing diversity and inclusion. See [Statement from the President and Provost on Advancing Free Speech and Inclusion](#).

The University prohibits discrimination and harassment and provides equal opportunities for all Community members and applicants regardless of their race, color, religious creed, national origin, ancestry, physical or mental disability, medical condition, marital status, sex, age, sexual orientation, gender identity, veteran status or any other characteristic protected by law. Where actions are found to have occurred that violate this standard the University will take prompt action to cease the offending conduct, prevent its recurrence and discipline those responsible.

Other relevant policies include:

- [Stanford Sexual Harassment Policy](#)

C. Nondiscrimination Policy

All members of the Stanford community are expected to abide by the Stanford Nondiscrimination Policy (<https://exploredegrees.stanford.edu/nonacademicregulations/nondiscrimination/>), which states:

Stanford University admits qualified students of any race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity, veteran status, or marital status to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. Consistent with its obligations under the law, in the administration of the University's programs and activities, Stanford prohibits unlawful discrimination on the basis of race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity or expression, veteran status, marital status or any other characteristic protected by applicable law; Stanford also prohibits unlawful harassment including sexual harassment and sexual violence. This policy applies to Stanford programs and activities both on and off-campus, including overseas programs.

The following person has been designated to handle inquiries regarding this nondiscrimination policy: Stanford's Director of the Diversity and Access Office, Rosa Gonzalez, Kingscote

Gardens, 419 Lagunita Drive, Suite 130, Stanford, CA 94305-8550; (650) 723-0755 (voice), (650) 723-1791 (fax), equal.opportunity@stanford.edu (email). Stanford's Title IX Coordinator, Catherine Glaze, has been designated to handle inquiries regarding sexual harassment and sexual violence: Kingscote Gardens (2nd floor), 419 Lagunita Drive, Stanford, CA 94305, (650) 497-4955 (voice), (650) 497-9257 (fax), titleix@stanford.edu (email). Individuals may also file complaints directly with the Office for Civil Rights, within the United States Department of Education, by following the information on this website: <https://www2.ed.gov/about/offices/list/ocr/complaintintro.html>.

D. Procedures for Unsatisfactory Performance

Unsatisfactory performance or progress regarding the clinical work of a postdoctoral fellow is initially identified by the postdoctoral fellow's supervisor who then informs and meets with the Training Director. The Training Director and supervisor discuss the performance issues and develop a plan for remedial work (e.g., additional readings, increased supervision, additional direct observation). The need for any temporary changes in schedule or workload is discussed and a timeline for implementation, monitoring, ongoing evaluation and completion of plan is developed. The Training Director, supervisor and postdoctoral fellow meet to discuss the performance issues. The postdoctoral fellow receives the information in written form and is given the opportunity to respond, both in the meeting and in writing following the meeting.

Unsatisfactory performance regarding professional conduct or behavior can be identified by the supervisor, another attending, or clinic staff and brought to the attention of the Training Director. The Training Director would meet with the individual and any other individuals involved for the purpose of clarifying the circumstances of the incident. The Training Director would then meet with the postdoctoral fellow to discuss the conduct or behavior in question and would give him/her the opportunity to respond.

After review of the circumstances and discussion with involved parties, actions taken by the training director for unsatisfactory performance regarding clinical work or professional conduct can involve one or more of the following:

1. Verbal Warning – The postdoctoral fellow receives feedback on the issue with recommendations for future performance or behavior and no further action is taken. No formal documentation is recorded.
2. Performance Notice – The postdoctoral fellow receives a written document which includes a definition of the unsatisfactory performance, notice that the postdoctoral fellow was informed and given the opportunity to discuss the concerns and documentation of the plan of action to ameliorate, rectify or monitor the performance. The time frame for monitoring, evaluation and conclusion of the plan is laid out. The plan is signed by the postdoctoral fellow, training director and supervisor(s) who will oversee the plan's implementation.

If a postdoctoral fellow does not agree with the terms and conditions of the plan, they can appeal the decision in writing, stating their reasons and concerns. The appeal will be reviewed by the Chief of Psychology.

If a postdoctoral fellow is not able to meet the goals of the plan and modification of these goals does not result in satisfactory performance, the Training Director can initiate a termination of the residency as outlined in the policy and procedures of the Office of Postdoctoral Affairs.

E. Grievance Resolution Procedures

Informal resources:

It is desirable for all parties concerned to make serious attempts to resolve disputes informally. This is particularly true for disputes that occur in a relationship of great importance, such as that between a fellow and supervisor or mentor.

If, in your role as a fellow, you have an issue with a supervisor, the first step is to bring up the concerns directly with your supervisor. If you do not feel like that helps resolve the issue, you may reach out to the Training Director or Director Team to discuss your concerns. You may also reach out to the Ombudsperson of Stanford University (<https://ombuds.stanford.edu/>) or the School of Medicine (<https://med.stanford.edu/ombuds.html>) should you wish to seek further support or guidance.

There are many additional resources available to assist fellows in the informal resolution of problems. In addition to the ombudspeople listed above, other confidential resources include: Counseling and Psychological Services ([CAPS](#)), the Faculty Staff Help Center, and the [Office of Religious Life](#). Other helpful resources are the Stanford University Postdoctoral Association (<http://www.surpas.org/>), the [Office of Postdoctoral Affairs](#), and the [WorkLife Office](#). Further information about these resources is available on the linked websites. Postdoctoral Fellows are also encouraged to consult with trusted faculty, if helpful and appropriate.

Formal Processes:

If informal resolution is not successful, there are formalized procedures in place to deal with grievances as outlined by the Office of Postdoctoral Affairs (<https://doresearch.stanford.edu/policies/research-policy-handbook/non-faculty-research-appointments/postdoctoral-scholars#anchor-3515>). This policy outlines formal procedures for resolving both academic and non-academic grievances of postdoctoral fellows at Stanford. This grievance procedure is designed to supplement, not to replace, the routine and informal methods of responding to and remedying postdoctoral fellows' problems and complaints.

Original Issue Date: November 26, 2001

Updated: April 1, 2020

Applicability

This procedure applies to all postdoctoral scholars at Stanford University, including those at Stanford University School of Medicine.

Summary

This policy outlines formal procedures for resolving both academic and non-academic grievances of postdoctoral scholars at Stanford. This grievance procedure is designed to supplement, not to replace, the routine and informal methods of responding to and remedying postdoctoral scholars' problems and complaints.

Informal Resources

It is desirable for all parties concerned to make serious attempts to resolve disputes informally. This is particularly true for disputes that occur in a relationship of great importance, such as that between a postdoctoral scholar and mentor. There are many resources available to assist postdoctoral scholars in the informal resolution of problems. Confidential resources include: The School of Medicine and University Ombudspersons, the Faculty Staff Help Center and the Office of Religious Life. Other helpful resources include the Office of Postdoctoral Affairs, the Stanford University Postdocs (SURPAS), and the WorkLife Office. Further information about these resources is available on the Stanford Website. Postdoctoral Scholars are also encouraged to consult with trusted faculty, if helpful and appropriate.

Grievances Defined

Any Stanford postdoctoral scholar who believes that he or she has been subjected to an improper decision by Stanford University, or by anyone acting officially on behalf of Stanford University, may file a grievance to obtain an independent review of the decision, and, if appropriate, corrective action. A grievance is a written complaint made to an administrative officer of the University concerning such a decision. The following grievance procedure applies to decisions that directly and adversely affect the postdoctoral scholar. The grievance procedure is not available to challenge a University policy perceived to be unfair or inadvisable or contest policies of an individual school, department or program of the University, unless such policies are inconsistent with University policy.

Filing a Grievance

The steps to be followed in filing a grievance are described below. At every stage, the postdoctoral scholar may discontinue the grievance procedure if he or she feels that the conflict has been resolved successfully.

1. Discussion between the parties directly involved in the dispute where appropriate.
2. Assessment of informal means available to assist the postdoctoral scholar in resolving the problem. At this stage, the postdoctoral scholar is encouraged to consult with any individuals with whom he or she feels comfortable discussing the matter. This may include parties directly involved, as well as any of the informal resources listed above.

3. Consultation by the postdoctoral scholar with the program director, division chief or department chair, as appropriate, to discuss the dispute.
4. If these steps do not yield a satisfactory resolution, the postdoctoral scholar may then file a formal grievance in writing to the dean of the relevant school, or to the Dean of Research for those programs not within a school. The grievance should be submitted in writing within 90 days of the decision that is the subject of the grievance. A delay in the filing of the grievance may constitute grounds for rejection of the grievance, although individual circumstances may be taken into account. The grievance document should include a description of the decision in dispute, and the reasons why the grievant believes the decision was improper. The grievance document should also include a description of the remedy sought and the informal efforts that have been pursued.
 1. **SELECTION OF GRIEVANCE OFFICER(S)** The dean may select one or more "grievance officers" to consider the grievance and report to the dean as the dean directs. The parties will be consulted regarding the appropriateness of potential grievance officers. The grievance officer(s) will investigate the matters relevant to the grievance in light of the Standards for Review outlined below and provide a recommendation to the dean. The dean or grievance officer(s) may request a response to the issues raised from any individuals believed to have relevant information, including faculty, staff, students and postdoctoral scholars.
 2. **RESPONSE TO THE GRIEVANCE** The dean will inform the parties to the dispute in writing of his or her decision and the reasons for the decision, generally within 60 days of the filing of the grievance.

Filing an Appeal

1. **Appeal Provisions** If the grievant feels that the decision of the dean is inappropriate for substantive or procedural reasons, he or she may, within 30 days, file a written appeal with the Provost specifying those reasons. New issues should not be raised at this stage, and general dissatisfaction with the dean's decision is not sufficient reason to appeal. The Provost may select one or more "grievance appeal officers" to consider the grievance and report to the Provost as the latter directs.
2. **Response From the Provost** The Provost will notify all parties to the grievance in writing of his or her decision and the grounds for the decision, generally within 45 days after the receipt of the appeal. The decision of the Provost is final.

Additional Matters

1. If at any stage the grievant desires the participation in the grievance resolution procedure by an advisor, he or she may select any postdoctoral scholar or University employee, who is not employed as a lawyer, and who is both willing and able to work with the grievant seeking a resolution. If the time involved for the advisor is more than 20 hours in a calendar year, then personal time off or vacation time must be used for the excess.
2. No adverse action may be taken against any postdoctoral scholar for his or her legitimate use of the grievance procedure.
3. At any point within the grievance process, formal proceedings can be put aside in favor of voluntary mediation. For this to occur, both parties to the dispute must agree to

participate in mediation. The Stanford Mediation Center advises on whether or not mediation is appropriate and provides mediation services through the University Ombudsperson's Office or external mediators. Further information is available on the Stanford Web site.

4. The time frames set forth in this policy are guidelines. They may be extended by the relevant administrative officer in his or her discretion for good cause.
5. Questions concerning the filing and appeal of grievances should be directed to the Postdoctoral Affairs Office.

Standards for Review

1. Was the decision consistent with Stanford University policies and procedures?
2. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
3. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
4. Given the proper facts, criteria and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

F. Maintenance of Records

All records from the postdoctoral fellowship year, including the application form, training goals, record of training hours, and evaluations, will be kept in a confidential location and maintained for future reference.

Fellows are expected to maintain an accurate accounting of their supervised hours while in the program. Fellows will be provided with an hours-tracking form which they can use for this purpose. This form should be signed by the fellows and the fellows' supervisors and given to the training director at the end of the fellowship year. This will allow us to verify postdoctoral hours should it ever be needed in the future.

VII. Selection and Recruitment

Our postdoctoral fellowship is a good fit for students who have trained in scientist-practitioner and clinical scientist graduate programs, as well as those from practitioner scholar programs where there is a strong emphasis on evidence-based treatment. Candidates with practicum and internship training experience in the specialty area(s) to which they are applying are a particularly good fit.

Requirements for application to our program:

All applicants must have completed:

- APA- or CPA-accredited graduate programs in clinical, counseling psychology, school psychology, or clinical child psychology programs;
- APA- or CPA-accredited internships; and

- all requirements for their PhD or PsyD prior to beginning their appointment.

Selection of fellows is done by the Postdoctoral Director team (consisting of the Director of Training, the Assistant Director, and the Chief Psychologist), with input from the staff in each focus area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience in the specific focus area
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Goodness of fit between the applicant's stated training and professional goals and the resources of the training program and medical center
- Strength of letters of recommendation from professionals who know the applicant well

Stanford University School of Medicine is committed to fostering a diverse community in which all individuals are welcomed, respected, and supported to achieve their full potential. Our program emphasizes recruitment and acceptance of a diverse class of fellows. We invite applicants to share any information that would be helpful in their application to our program.

Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Stanford welcomes applications from all who would bring additional dimensions to the University's research, teaching and clinical missions.

VIII. Helpful Resources

The Office of Postdoctoral Affairs has put together a very helpful “Onboarding Checklist” to help get you started at Stanford. You can find it here:

<https://postdocs.stanford.edu/onboardingchecklist>

Stanford has many programs and resources that are available to our postdoctoral fellows. For a list of some of these resources, including Stanford libraries, housing information, recreation centers, career centers, and on-campus resources for assistance, see the following websites:

- <https://postdocs.stanford.edu/websitelist>
- <https://www.stanford.edu/campus-life/>

We encourage you to consider joining the Stanford University Postdoctoral Association (<http://www.surpas.org/>) and/or one of their affiliate associations:

- [Stanford Black Postdoc Association](#)
- [Stanford LGBTQ+ Postdocs](#)
- [Stanford Latinx Postdoc Association](#)

For more information on living in the Bay Area, see:

- <https://glo.stanford.edu/resources/living-palo-alto>
- <https://med.stanford.edu/pain/education/bay-area-living.html>

Helpful information on local, including on-campus housing, is available here:

- <https://postdocs.stanford.edu/prospective-postdocs/housing>

We hope you will take some time to familiarize yourself with the many resources available to you as a postdoctoral fellow at Stanford!