



Stanford | Department of Psychiatry
MEDICINE | and Behavioral Sciences

**Application for Appointment
Student Mental Health Fellowship Program
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine**

July 01, 2025 – June 30, 2026

1. Name: _____
Last First Middle

Address (present): _____
& Street City State Zip Code

Telephone# (area code): _____ E-mail address: _____

Address (permanent): _____
& Street City State Zip Code

Date of Birth: _____ Citizenship: _____

If non-US: visa status: _____

2. Education (please provide official transcripts*): A Curriculum Vitae may be substituted for this portion of the application as long as it covers the information requested in numbers 2-8.**

*A. Postgraduate Inclusive Dates Institution(s)

Fellowships: Inclusive Dates Institution(s)

Residencies: Inclusive Dates Institution(s)

Internships: Inclusive Dates Institution(s)

*B. Medical: (****Please provide photocopy of medical school diploma***)

Institution(s) Inclusive Dates Degree(s) Major Minor

*C. Graduate (non-medical):

Institution(s) Inclusive Dates Degree(s) Major Minor

*D. Undergraduate:

<u>Institution(s)</u>	<u>Inclusive Dates</u>	<u>Degree(s)</u>	<u>Major</u>	<u>Minor</u>
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*E. State(s) in which you are licensed:

1.	2.	3.
_____	_____	_____

3. Recent Employment:

4. Describe any areas of special interest (undergraduate or graduate level) in which you have worked:

5. Honors (list all academic and professional honors conferred):

- _____
- _____
- _____
- _____
- _____
- _____

6. Academic and professional publications:

7. Research work (describe past and current research not covered in #6):

8. Academic and professional organizations (list memberships, past and present):

9. Have you ever left school, internship, residency, or fellowship for any reason other than the expiration of the usual term? If so, please clarify:

10. List as references three (3) persons with whom you have worked professionally, including your current Training Director. Arrange for these individuals to write original letters of recommendation about you for this fellowship. Please have these individuals email their letters to psychiatryfp@lists.stanford.edu.

<u>Reference</u>	<u>Position</u>	<u>Institution</u>	<u>Location</u>	<u>Dates of Contact</u>
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11. Personal Statement: Attach an extra page for a typewritten description (approximately 500 words) of the development and current direction of your interest in psychiatry and your reasons for applying to the Stanford program.

12. USMLE Scores: Please arrange for the National Board of Medical Examiners to send an official copy of your United States Medical Licensing Exam (USMLE) steps I, II and III score(s). If you are enrolled in an AAMC approved medical school in the US or Canada, we will accept a copy of your school's report of your scores provided it is verified as a true copy by the Registrar and stamped with the school seal.

13. Transcripts & MSPE: Arrange for official transcripts and the Dean's letter (MSPE) to be sent from the Registrar's Office of all medical institutions attended. Also, please send a recent photograph of yourself (2"x3").

Applications and supporting documents should be sent electronically to:

psychiatryfp@lists.stanford.edu

Student Mental Health Fellowship Program
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
401 Quarry Road, Room 2208
Stanford, CA 94305-5723

After receipt of your completed application and three (3) letters of recommendation, your application will be reviewed by the Selection Committee and you will be notified regarding an interview.

14. Applicants may voluntarily identify their racial/ethnic background; failure to self-identify will *not* prejudice the application.

- Black
- American Indian or Alaskan Native
- Caucasian
- Asian or Pacific Islander
- Hispanic - Mexican/American or Chicano
- Hispanic - Puerto Rican
- Hispanic - Other Hispanic
- Other (Please Specify): _____

Signature: _____

Date: _____