



Boston University School of Medicine



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Global Psychiatry Clinical Research Training Program

INSTRUCTIONS: Please submit all required documents as **one complete PDF** file using the following naming convention: “Last name_T32 Fellowship” and email your complete PDF file to Ms. Senait Ghebrehwet at GlobalLocalCenter@bmc.org. You will be notified upon receipt of your application. Incomplete applications will not be reviewed.

REQUIRED DOCUMENTS:

1. **Application form**
2. **Curriculum vitae**
3. **Personal statement:** This should be a brief statement (2-5 pages) and should include the following:
 - a. A description of your substantive areas of interest
 - b. The type of project you wish to undertake
 - c. The particular methods/approach in which you want additional training
4. **Copy of passport and/or green card**
5. **Proof of a full medical license, completion of PhD in public health or completion of PhD in psychology and internship** (psychology licensure not required).
6. **Three letters of reference**
7. **In addition to your PDF application, please submit your medical and/or graduate school transcript(s):**
Transcripts should be sent in a sealed envelope from the university and bear the official institutional seal. Please send these to the “Global Psychiatry Clinical Research Training Program” directly from the issuing university to:

Boston Medical Center, Department Psychiatry
Doctor’s Office Building, Suite 914
720 Harrison Avenue
Boston, MA 02118

****NOTE:** Please ensure you save the completed form as new file using the proper naming convention.



APPLICATION FORM

Date: _____

Name: _____

FIRST

MIDDLE

LAST

Home Address: _____

Home Telephone: _____ Office Telephone: _____

Email: _____

Office Address: _____

Gender: _____

Date of Birth (MM/DD/YY): _____

Place of Birth (city, state, country): _____

Citizenship or Visa Status:*

Race/Ethnicity: _____

*NOTE: Only US citizens and permanent residents are eligible to apply for this fellowship.

EDUCATION:

Degree/Month/Year

Undergraduate: _____

Graduate School if applicable: _____

Medical School if applicable: _____

Honors, Special Training, etc.: _____

Dissertation Title/Topic (if applicable): _____

Proposed Mentor: _____

Global Site (please select one):

Research Interest (please select one):