

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 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 health sciences, 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:

Global & Local Center for Mental Health Disparities
Boston Medical Center, Department Psychiatry
801 Massachusetts Avenue, Suite 400
Boston, MA 02119

****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.

Do you meet the [National Institute of Health \(NIH\) criteria](#) for underrepresented populations in the biomedical, clinical, behavioral and social sciences?

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):