

# 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](mailto: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):