**Interventional Psychiatry Fellowship**

**GENERAL INFORMATION**

Full Name *(first, middle, last):*

Date of Birth:

Current Address *(street, city, state, zip code, country)*:

Phone Number(s):

Email Address:

**EDUCATION** (Undergraduate, Medical School, Other)

|  |  |  |
| --- | --- | --- |
| **University/College** | **Degree Obtained** | **Graduation (MM/YY)**  |
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# RESIDENCY & FELLOWSHIP TRAINING

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| --- | --- | --- | --- |
| **Institution/Hospital** | **City, State, Country** | **Start Date (MM/YY)**  | **End Date (MM/YY)**  |
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**REFERENCES**

*Please provide the below information of the three individuals for your letters of recommendation: At least one of your letters should be from your residency or fellowship program director and from a supervisor or mentor who has known you for at least two years. Please have your letters sent to* *psy.interventionalpsychiatry@uth.tmc.edu**.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Institution** | **Email address** | **Phone number** |
|  |  |  |  |  |
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**CERTIFICATION & LICENSURE**

Have you passed all three steps of the USMLE?

☐ Yes ☐ No

Do you have a license to practice medicine?

☐ Yes ☐ No

If yes, in which state(s), License Number(s) and Expiration date(s):

Are you board-certified in psychiatry or any other specialty?

☐ Yes ☐ No

If yes, which other specialty or specialties?

**CITIZENSHIP & VISA INFORMATION**

☐ U.S. Citizen

☐ U.S. Permanent Resident

☐ Visa Status ☐ J-1 ☐ H-1 ☐ Not Applicable

# PERSONAL STATEMENT

# *Please explain why you are interested in Interventional Psychiatry and what specifically draws you to this field. Discuss your passion for the specialty and how it has shaped your career aspirations. Reflect on key experiences, whether clinical, academic, or personal, that have influenced your decision to pursue this path. Outline your career goals and explain how the fellowship aligns with these objectives, highlighting how it will help you develop as a clinician and researcher. Additionally, feel free to emphasize any other factors that are important to you. Length: 1-2 pages (around 500-800 words), Font: Times New Roman, Arial, or Calibri in 12-point font and Spacing: Single-spaced with 1-inch margins on all sides.*

# ADDITIONAL INFORMATION

#  *If you answer “yes” to any of the questions below, please attach a written explanation.*

# Has your medical license ever been denied, revoked, limited, restricted, or suspended?

# ☐ Yes ☐ No

Have you ever been placed on academic probation while in medical school or residency/fellowship training?

☐ Yes ☐ No

Have you ever been terminated or dismissed from an appointment to medical school, residency, fellowship, or professional employment?

☐ Yes ☐ No

Have you ever been dismissed from a medical school, residency, fellowship, or professional employment position?

☐ Yes ☐ No

Have you ever voluntarily resigned from a medical school, residency, fellowship, or professional employment position?

☐ Yes ☐ No

Are there any pending or past allegations of professional misconduct against you?

☐ Yes ☐ No

Have you ever been convicted of a felony, or do you currently face any pending criminal charges?

☐ Yes ☐ No

Is there a gap of six months or more (without education, training, or professional employment) on your CV since you began medical school?

☐ Yes ☐ No

# ATTESTATION

*I certify that the information provided in this application is complete and accurate. I understand that any false, missing, or misleading information may disqualify me from a fellowship position.*

Date:

Printed Name:

Signature: