

THE IRVING HARRIS PROGRAM IN CHILD DEVELOPMENT AND INFANT MENTAL HEALTH

DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Harris Community Fellowship Application

PERSONAL INFORMATION:

Full name: _____

Current address: _____

Telephone numbers: (H) _____ (W) _____ (Cell) _____

Email: _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

Government or Other Service Obligation: _____

CURRENT EMPLOYMENT

Agency Name _____

Address _____

Position Description:

Supervisor:

EDUCATION (list all schools and locations, including dates, degrees, major/minor, where applicable):

Undergraduate:

Graduate (please include expected completion date if applicable):

Additional Training/Fellowship:

PROFESSIONAL:

Licensure: _____

How did you hear of our program? _____

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ADDITIONAL INFORMATION:

Please limit your responses for items #1-4 to the space provided; do no attach additional pages.

- 1) In your work with children under the age of six and their families, what aspects have you found to be satisfactory? What aspects have you found to be difficult? What are the strengths that you bring to your work? Please also describe the areas in which you need to grow.

ADDITIONAL INFORMATION, continued:

- 2) Please comment on whether you have had any relevant experience in the following areas and briefly summarize your involvement (i.e., duties, how many hours, population served, etc.):
- Early care and education consultation
 - Behavioral medicine consultation (hospital inpatient and/or outpatient)
 - Ongoing psychotherapy with caregivers and children under 5
 - Home-based intervention
 - Assessment with children under 5

ADDITIONAL INFORMATION, continued:

- 3) If accepted, how do you plan to use the training received in your current position and how might it help you in the areas mentioned above in question #3?

- 4) Please provide a brief personal statement in which you can describe other special interests, abilities, talents, etc. You may also include anything else you would like for us to know about yourself or your training/work experience that is not already covered in this application.

REFERENCES:

A letter from your current program director should be obtained, verifying your employment and the agency's support/commitment to release you from duties to participate in fellowship activities.

The second letter of reference should be requested from a supervisor who knows you well. If desired, up to two other letters may be obtained from previous graduate instructors, internship supervisors, or colleagues who have direct knowledge of your clinical skill. References are encouraged to submit their letters by email (see instructions below), using an "electronic" signature or submitting a scanned copy of their original signed letter directly to the program.

Please list the names, titles, mailing and email addresses, and phone numbers of your references below.

1.

2.

Applicant's signature: _____
(Please either sign or type your name)

Date: _____

APPLICATION SUBMISSION PROCEDURES

APPLICATION DEADLINE: Priority will be given to applications received by July 15, 2019.
Applications will be considered on a rolling basis following this deadline.

To complete your application, the following items should be sent to: stacey.lhommedieu@ucdenver.edu

- ☐ Completed application form
- ☐ Letter of interest
- ☐ Curriculum vitae
- ☐ MOU
- ☐ Two reference letters as detailed above (may be submitted separately, preferably by email)

Applicants are responsible for ensuring that all required items have been received.

Incomplete applications will not be reviewed.

For additional information and/or questions, please contact Stacey L'Hommedieu, Harris Program Training Coordinator (stacey.lhommedieu@ucdenver.edu or 303.724.9758).

(Rev. 7/19)