

## Psychiatry Fellowship Application Checklist

**Please enclose the following with this application (please send all materials one sided):**

- ☐ Personal statement (500 words or less) describing your background and the development of your interest in the specific fellowship you are applying for including current direction and future plans.
- ☐ Curriculum vitae
- ☐ Dean's letter from medical school
- ☐ Official medical school transcript
- ☐ Copy of USMLE/COMLEX transcript
- ☐ Copy of medical school diploma
- ☐ Forensic Program only: A sample of a forensic report completed during residency and/or any publications relevant to psychiatry or forensic psychiatry
- ☐ Copy of ECFMG certificate (if available)
- ☐ Copy of psychiatry residency completion certificate (if available)
- ☐ Copies of state medical license(s), DEA license, ABPN certification (if available)

**Please have the following documents sent directly to the training office:**

- ☐ Three letters of reference- 1 Program Director letter and at least 2 additional letters

Items should be sent to:

Attn: Fellowship Coordinator  
Psychiatry Residency Office  
University of Colorado School of Medicine  
Department of Psychiatry  
13001 E. 17<sup>th</sup> Place, MS F546  
Bldg. 500, Rm E2322  
Aurora, Colorado 80045

Items can also be sent by email from you, your current program, or your letter writers to:

Angela Webb  
[Angela.webb@ucdenver.edu](mailto:Angela.webb@ucdenver.edu)

Department of Psychiatry  
PSYCHIATRY FELLOWSHIPS APPLICATION

Only typed applications will be accepted

Applying for:    Addiction   ☐                      Forensic   ☐                      Consultation-Liaison   ☐

Full Name:

Current Address:

Telephone #:

Alternate #:

E-mail Address:

Permanent Address:

Date of Birth:

Place of Birth:

Race (optional)

Ethnicity (optional)

Gender

Citizenship:  
(Select one)

☐

U.S. Citizen

☐

Permanent  
Resident

☐

Conditional  
Permanent Resident

☐

Foreign National

☐

Refugee/Asylum/  
Displaced

Visa Type:

Education: (List all schools and locations including dates, degrees, majors, minors)

Medical School:

From:

To:

Undergraduate:

From:

To:

Graduate (non-medical):

From:

To:

Attach Recent  
Photograph  
electronically or with  
tape



University of Colorado  
Anschutz Medical Campus  
School of Medicine

Honors (List all professional and academic honors or awards):

Internship:	Dates:	Institution:
Residency:	Dates:	Institution:
Residency:	Dates:	Institution:

Publications: (Give the reference and enclose reprint if possible. Describe briefly on a separate sheet any unpublished or current work.

Licensure: Issue & Expiration Dates:

Test Scores (check appropriate one) give dates/scores:

☐ USMLE ☐ Comlex ☐ NBME ☐ NBOME

Part I:

Part 2:

Part 3:

Describe briefly areas of special interest:

Professional References:

1.

2.

3.

Date:

Signature of Applicant

**The University of Colorado will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, sexual orientation, veteran status, or national origin.**