

Boston College
University Counseling Services

Postdoctoral Fellowship
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed application “packets” require the following by or before January 2, 2024.

- ❑ A personal statement detailing your interest in the fellowship, why you would be a good fit, clinical strengths and growing edges, and training goals
- ❑ A curriculum vitae
- ❑ Current *OFFICIAL* transcripts of graduate work
 - ❑ Unofficial transcripts can be submitted while Official transcripts are in transit; however, official transcripts are required
- ❑ Two letters of recommendation from clinical supervisors
- ❑ Applicant Questionnaire (pages 2 & 3 of this document)

Complete application “packets” can be submitted several ways:

- 1) Via APPA CAS (APPIC Psychology Postdoctoral Application) OR
- 2) Emailed to Selina Guerra, PhD (guerrase@bc.edu) with the subject heading COMPLETE FELLOWSHIP APPLICATION MATERIALS FOR (your name) OR
- 3) Mailed to:

Selina Guerra, Ph.D.
Assistant Director for Training
Boston College University Counseling Services
Gasson Hall 001
140 Commonwealth Ave.
Chestnut Hill, MA 02467

Please note: We do not accept any application materials by fax.

APPLICANT QUESTIONNAIRE 2024-2025

Date: _____

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

If you are not a U.S. citizen, do you have a visa that is valid through the duration of the Fellowship?
Yes / No

If yes, please state what type of visa and the date of expiration. _____

State(s) you hope to be licensed: _____

What is the status of your doctoral (academic) training program?

Ph.D. _____ Psy.D. _____ Other _____
APA-Accredited _____ APA-Accredited, on probation _____ Not Accredited _____
If not APA / CPA-accredited, is the school regionally accredited? Yes / No

Is your internship APA-accredited? Yes / No CPA-accredited? Yes / No

If not, does it meet APPIC guidelines? Yes/ No (If yes, please request APPIC guidelines form by emailing UCS Training Director: Selina Guerra, PhD; guerrase@bc.edu)

How did you learn about our training program? _____

What is the current status of your dissertation / doctoral research project?

Please indicate the date that each of the following was completed or is expected to be completed:

Data collected _____ Data analyzed _____
Defense target date _____ Formally scheduled _____
Dissertation Defended _____

In the event you have not yet formally scheduled your defense date, we may need to communicate with your research chair / academic advisor to verify the likelihood of your completion of your doctorate by the start of the Fellowship on August 19, 2024. Please provide contact details.

Primary research advisor: _____

Phone Number: _____

E-Mail: _____

Can you confirm that, *as far as you can anticipate*, you will be able to begin the Fellowship on its official start date, which will be August 19, 2024? Yes/No

If "NO," please indicate the potential difficulty:

What is the end date of your pre-doctoral internship? _____

Please list your PRE-DOCTORAL SUPERVISED CLINICAL TRAINING experiences, with a breakdown for each, as follows:

Example:

Bayside Child Guidance Center	2016-2017	20 clients	10 months	X	10 hrs/week	X	4	= 400 hrs
Inpatient unit, Delta Hospital	2017-2018	32 clients	3 months	X	5 hrs/week	X	4	= 60 hrs
Counseling Center, Univ. of X	2018-2019	68 clients	11 months	X	40 hrs/week	X	4	= 1760 hrs

For current clinical positions, please project ahead the likely number of clients and hours you expect to total by the end of your time at the site.

Name & Type of Site Date Tot # Clients [Tot # Months] X [Hours/Wk] X [4] = TOT HRS

1. _____

2. _____

3. _____

4. _____

5. _____

(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)