

**APPLICATION FOR POSTDOCTORAL FELLOWSHIP**

A Complete Fellowship Application Includes:

- Stanford University CAPS Application Form
- Cover Letter / Letter of Interest
- Curriculum Vita
- Three Letters of Recommendation

**A. Personal Information:**

|              |  |             |              |                 |
|--------------|--|-------------|--------------|-----------------|
| Name         | <i>Prefix</i><br><b>Select One</b>   | <i>Last</i> | <i>First</i> | <i>M.I</i>      |
| Home Address |  |             |              | E-mail          |
|              |  |             |              | Language Spoken |
| Phone        | Home ( ) -   | Cell ( ) -  | Work ( ) -   |                 |
|              | <ul style="list-style-type: none"> <li>• The number you can be reached on Uniform Notification Day: <b>Select one</b></li> <li>• Inform CAPS of any changes</li> </ul> |             |              |                 |

**B. Doctoral Program Information:**

|  |  |   |                   |
|--|--|---|-------------------|
| Institution (Name, City, State)              |  |   |                   |
| Major/Program/Subfield                       |  |   |                   |
| Program Accreditation Status                 | <input type="checkbox"/> Accredited by <b>Select One</b> | <input type="checkbox"/> Not Accredited |                   |
|  | <input type="checkbox"/> Other (Please Explain): _____   |   |                   |
| Expected or Date of Dissertation Completion: |  |   |                   |
| Expected Date of Degree Completion:          |  | Degree Sought                           | <b>Select One</b> |
| Topic/Title of Dissertation                  |  |   |                   |

**C. Clinical Training**

|  |                       |
|--|-----------------------|
| Number of Intake Interview Conducted:                              |                       |
| Number of Adult Clients Seen in Short-Term Therapy (1-10 Sessions) |                       |
| Number of Couples Seen in Couples Therapy                          |                       |
| Areas of Specialty   |                       |
| Experiences with College Mental Health                             |                       |
| Date (mm/yy – mm/yy)   | Agency Position/Title |
| –  |                       |
| -  |                       |
| -  |                       |
| Briefly describe your experience(s) with crisis intervention       |                       |



866 CAMPUS DR.  
STANFORD, CA  
94305-8580

650 498-2336

COUNSELING &  
PSYCHOLOGICAL  
SERVICES

HEALTH  
INSURANCE

HEALTH  
PROMOTION  
SERVICES

MEDICAL  
SERVICES



866 CAMPUS DR.  
STANFORD, CA  
94305-8580

650 498-2336

COUNSELING &  
PSYCHOLOGICAL  
SERVICES

HEALTH  
INSURANCE

HEALTH  
PROMOTION  
SERVICES

MEDICAL  
SERVICES

**D. Letters of Recommendation**

|          |  |                |  |
|----------|--|----------------|--|
| Name:    |  |                |  |
| Address: |  | Phone Number   |  |
|          |  | (   ) -        |  |
|          |  | E-mail Address |  |
|          |  |                |  |
|          |  |                |  |
| Name:    |  |                |  |
| Address: |  | Phone Number   |  |
|          |  | (   ) -        |  |
|          |  | E-mail Address |  |
|          |  |                |  |
|          |  |                |  |
| Name:    |  |                |  |
| Address: |  | Phone Number   |  |
|          |  | (   ) -        |  |
|          |  | E-mail Address |  |
|          |  |                |  |
|          |  |                |  |