



REISS-DAVIS CHILD STUDY CENTER
A Service of Vista Del Mar
3200 Motor Avenue
Los Angeles, CA 90034
(310) 204-1666

APPLICATION FOR PART-TIME 24-MONTH FELLOWSHIP
I AM APPLYING FOR THE FOLLOWING PROGRAM (please check one)

CLINICAL FELLOWSHIP:	PEDS FELLOWSHIP:
<input type="checkbox"/> Post-Masters Social Work	<input type="checkbox"/> Predoctoral Psychology
<input type="checkbox"/> Postdoctoral Psychology	<input type="checkbox"/> Postdoctoral Psychology

(Please type or print the following information)

Full Name: _____

Last
First
Middle

Home Address: _____

Number & Street
City
State
Zip

Work Address: _____

Number & Street
City
State
Zip

Home Phone: _____ Work /Cell Phone: _____ E-mail: _____

Please select a box above to indicate the best number to reach you.

Date of Birth: _____ SSN: _____ US Citizen : Yes No*

**Reiss-Davis Child Study Center will not be able to provide visas or sponsorships for non-residents.*

Education (List highest degree first):

School	Regionally Accredited? APA, WASC, Other?	Major	Degree	Date Degree Expected	Date Degree Awarded

Professional Work Experience (Indicate type of clinical work, i.e., ages of clients, mode of therapy, and type of setting):

Internship(s) and Practicum (please complete each column for each site or put N/A):

Site	APA ,CAPIC or APPIC Member (please fill in this column for each site)	Dates	Population	# Hours Patient Work	# Hours Individual Supervision	# Hours Group Supervision and Didactic Teaching	Total # Hours accrued <u>at this site</u> that meet your licensing board's reqmts. for supervised professional experience

Total hours accrued at all your internship sites that meet the requirements for supervised professional experience for your licensing board? _____

Please list all Clinical Courses you have taken throughout your graduate training:

Teaching Appointments (Institution, address, dates):

--

Doctoral Dissertation/Project or Master's Thesis:

--

Publications:

--

Professional Organizations and Affiliations:

--

For Psychologists only

Experience in Diagnostic Testing Evaluation:

Approximate number of patients seen by you for diagnostic testing evaluation: _____

Frequency of supervision for psychological testing: _____

Rate your proficiency in the use of:

Test	Adequate for Professional Service	Adequate with Supervision	Limited to Administration	Very Little or No Experience
WAIS-IV				
WISC-IV				
WPPSI-III				
TAT				
CAT				
RORSCHACH				
MMPI				
BENDER-GESTALT				
SENTENCE COMPLETION				
FIGURE DRAWINGS				
M-PACI, MACI, MCMI-III				
ACHIEVEMENT				
OTHER				

Have you had personal psychotherapy or analysis? (Indicate frequency, dates, and with whom)

Please state your reasons for wanting to pursue additional training in child-adolescent assessment (if you are applying for the PEDS Fellowship) or psychodynamic child-adolescent psychotherapy and psychodiagnostics (if you are applying for the Clinical Fellowship) and for selecting Reiss-Davis Child Study Center for such training.

In thinking about your previous training, please say a few words about what you experienced as positive and/or negative in those settings:

Positive Experiences:	Negative Experiences:

In reflecting back on your previous supervisory experiences, please say a few words about what constituted positive and/or negative experiences for you:

Positive Experiences:	Negative Experiences:

In recalling previous influential people in your professional development, please say a few words about what you experienced as positive and/or negative in these relationships:

Positive Experiences:	Negative Experiences:

With regard to each of the following five area of competency, please speak to your own perception of your relative strengths and weaknesses at this stage in your professional development:

	Strengths	Weaknesses
Professional/Therapeutic Relationships		
Assessments/Evaluations		
Clinical Interventions		
Legal-Ethical Issues		
Diversity/Cultural Sensitivity		

References (List three who are familiar with your recent clinical and university work):

1.
2.
3.

Please enclose your current curriculum vitae with this application.

Arrange to have sealed copies of the following sent directly to the address below:

- **Three letters of recommendation which address your qualifications for this fellowship**
- **Certified copy (copies) of your graduate school transcript(s)**

**REISS-DAVIS CHILD STUDY CENTER
Attention: Lourdes Brown
Administrative Coordinator of Training Programs
3200 Motor Avenue
Los Angeles, CA 90034-3710**

Reiss-Davis Child Study Center and Institute

Recommendation Form

Page 1 of 2

Applicant's Name (please print)

Social Security Number

Recommender's Name (please print)

To the Applicant: You may make as many copies of this form as necessary. Please complete the information at the top and bottom of this form, fill in your name at the top of Page 2 and provide it to at least three individuals familiar with your recent academic, clinical and/or other professional abilities and accomplishments, such as a supervisor, director, administrator or instructor. As required by the Family Educational Rights and Privacy Act of 1974, you may choose to waive or not waive the privilege of viewing this recommendation. If you do not waive that right this form is considered to be non-confidential. Upon receipt of the completed recommendation in the Reiss-Davis Child Study Center, the waiver will be detached and kept separate from the application materials. The Admissions Committee will not be advised if the recommendation was submitted in confidence.

To the Recommender: Thank you for your candid appraisal of this individual who is applying to the Two-Year Clinical Fellowship of the Reiss-Davis Child Study Center. If the applicant has not waived the right to view this letter of recommendation in the section below, please consider your recommendation to be non-confidential. Kindly complete the assessment of the applicant below and on the reverse side of this form. You may attach any additional pages on your letterhead. When complete, please enclose your recommendation in a sealed envelope, sign it across the seal and either return it to the applicant or mail it directly to: Lourdes Brown, Reiss-Davis Child Study Center, 3200 Motor Ave., Los Angeles, CA 90034.

(do not detach)

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Please check the option of your choice and sign and date this form before submitting it to recommender.

- I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at The Graduate Center for Child Development and Psychotherapy.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at The Graduate Center for Child Development and Psychotherapy.

Applicant's Name (please print or type)

Applicant's Signature

Date

Recommender's Name (please print or type)

Reiss-Davis Child Study Center and Institute

Recommendation Form

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Thank you for providing a letter of recommendation for this applicant.

This recommendation is for the intensive two-year post-doctoral/post-graduate fellowship at the Reiss-Davis Child Study Center. Reiss-Davis Fellows undertake ongoing intensive supervised clinical work with children, adolescents and families. For each year of their fellowship, they also enroll in two days per week of academic-year-long post-graduate seminars taught by a distinguished faculty of psychoanalysts, and psychodynamically trained and neurobiologically-oriented psychologists, psychiatrists, and social workers, all practicing clinicians with special training and interest in developmentally-based psychodynamic work.

Please include in your statement your assessment of the applicant's strengths and limitations in the areas of: intellectual and academic abilities; suitability for intensive work with children and families; interpersonal skills; reaction to criticism; and reliability.

Please provide us with the following information:

What is your relationship to the applicant? _____

How long have you known the applicant? _____

In what capacity? _____

Kindly sign this form at the bottom and attach your typed letter of recommendation on your letterhead. You may attach as many pages as you wish.

Recommender's Name (please print or type) Signature

Position/Title Organization

Address

City/state/zip Phone

Signature Date