

Return Application and Supporting Documents to:

**Neurological Institute Education Department
CLEVELAND CLINIC**

9500 Euclid Avenue, S100, Cleveland, Ohio 44195

216-903-9131

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(Please print or typewrite)

Application for Clinical Post-Doctoral FELLOWSHIP

Application for Fellowship in _____

To begin _____ Rotation Preferences _____

Doctoral Program _____ PhD or PsyD _____ Expected to Graduate _____

Dissertation Topic _____ Defended _____

Pre-Doctoral Internship (APA Accredited) _____

Last Name _____ First _____ Middle (No Initial) _____

Present Address _____ Area Code / Telephone No. (Home-Work) _____

City _____ State _____ Zip Code _____ Country _____

Permanent Address _____ Area Code / Telephone No. (Home-Work) _____

City _____ State _____ Zip Code _____ Country _____

E-Mail Address _____ U.S. Social Security Number _____

Fax Number (If international, please provide country and city codes) _____

EDUCATION:

College or University _____ City/State _____ Major _____

Advanced Degree School _____ City/State _____ Dates from _____ to _____ Degree _____

Graduate School _____ City/State _____ Dates from _____ to _____ Degree _____

HOSPITAL EXPERIENCE: (Please list all previous training. Use additional sheet if necessary)

Internship—Hospital _____ City/State _____ from _____ to _____ no. mos. _____ Specialty _____

Internship—Hospital _____ City/State _____ from _____ to _____ no. mos. _____ Specialty _____

Internship—Hospital _____ City/State _____ from _____ to _____ no. mos. _____ Specialty _____

ADDITIONAL INFORMATION:

1. Do you have a military or USPHS commitment? ☐ Yes ☐ No

If yes: Starting _____ for _____ years in _____ (Branch of service)

2. Citizen of U.S.? ☐ Yes ☐ No Permanent resident? ☐ Yes ☐ No A# _____

If not, are you currently in the U.S.? If so, what is your status?

☐ Exchange Visitor Visa How long? ____

☐ Other ☐ Exp. date _____

If not in the U.S., what type of Visa _____

The policy of The Cleveland Clinic Foundation is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are all made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, handicapped status, ancestry or status as a disabled or Vietnam era veteran.

I certify that the information given or attached is true, accurate and complete.

Signed _____ Date _____

Please provide all documents in one package.

Contact me if you have question

Check List

- () – CV
- () – Personal Statement
- () – Clinic Sample
- () – 3 Letters of Recommendation
- () – Program Director Letter attesting status, date of dissertation defense and graduation date