



MICHIGAN CENTER FOR
ADVANCED PSYCHOLOGY TRAINING

Postdoctoral Clinical Health Psychology Fellowship Submission Form

Deadline for submissions: January 8, 2021

Positions start: August 31, 2021

Date of Application

PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Email Address

Cell Phone
(xxx-xxx-xxxx)

Other Phone
(xxx-xxx-xxxx)

Street Address

City

State

Zip Code

Citizenship

How did you hear about us?

AREAS OF INTEREST / EXPERIENCE

Please rate your **INTEREST** in the areas below using a scale from 1 to 5 (1 = least, 5 = most):

	1	2	3	4	5
Bariatric & Obesity Services					
Family Medicine					
Geriatrics					
Hospital Consultation Liaison Services					
Integrated Primary Care					
Internal Medicine					
Medical Education					
Pain Management					
Psychosocial Oncology					
Rehabilitation & Trauma					

Please rate your **EXPERIENCE** in the areas below using a scale from 1 to 5 (1 = least, 5 = most):

	1	2	3	4	5
Bariatric & Obesity Services					
Family Medicine					
Geriatrics					
Hospital Consultation Liaison Services					
Integrated Primary Care					
Internal Medicine					
Medical Education					
Pain Management					
Psychosocial Oncology					
Rehabilitation & Trauma					

EDUCATION

Undergraduate Education (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

Graduate School Education (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

Predoctoral Internship (Please list most recent first.)

1) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

2) Name of Institution

City

State

APA Accredited Yes No

Dates Attended
(MM/YY - MM/YY)

Degree

Date Degree Awarded

Area of Study

LICENSE INFORMATION

All postdoctoral fellows must possess a Michigan license to begin the fellowship. This could either be a Masters educational (temporary) limited license (TLLP) or a doctoral educational limited license (LLP). Should the candidate end internship in July or August prior to beginning the fellowship, they may need to apply for the Masters educational (temporary) limited license. Should the successful candidate begin fellowship with a Masters level limited license, they must apply for a doctoral level limited license by October 1st of their first year of fellowship.

Will you be **license eligible** in the State of Michigan by August 31, 2021? Yes
No

If you answered YES to the question above, you must have officially completed a doctoral degree in psychology which includes one graduate course from 3 of the 4 areas (Biological Basis of Behavior, Cognitive-Affective Basis of Behavior, Social Basis of Behavior, and Individual Differences) PLUS 2,000 hours of supervised internship.

Are you currently **licensed** in the State of Michigan? Yes
No

If YES, what is your license number and issue date?

License Type Fully Licensed
Limited License
Temporary Limited License

Are you **licensed** in another state? Yes No

If YES, in which state?

If YES, what is your license number and issue date?

Have you ever had a judgment against you or your practice? Yes No

If YES, please explain:

Have you ever been convicted of a felony? Yes
No

If YES, please explain:

REFERENCE INFORMATION

Please indicate below those individuals in which you have requested Letters of Recommendation. (Three letters are required to apply. One must be from your current supervisor.)

Letter 1 - Supervisor

Name & Title

Institution

Email or Mailing Address

Phone

Letter 2

Name & Title

Institution

Email or Mailing Address

Phone

Letter 3

Name & Title

Institution

Email or Mailing Address

Phone

Letter 4 - Optional

Name & Title

Institution

Email or Mailing Address

Phone

Once all required sections of this form are complete, please submit to:
MICAPT@mclaren.org. You must also still apply through APPIC to be
considered for this fellowship.