



AUSTEN RIGGS CENTER

The Austen Riggs Center
25 Main Street
P.O. Box 962
Stockbridge, MA 01262

Elective in Psychodynamic Psychiatry

Requested Dates: First Choice _____ Second Choice _____ Third Choice _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Training Level Medical Student Resident

Mobile/Beeper/Other # () _____ School/Program: _____

E-mail: _____ Address: _____

Best time to call you: _____

Birth Date: _____ Phone# () _____

SSN: _____ Fax #: () _____

Are you unable to perform the essential functions of the work required during the elective, with or without reasonable accommodation? Yes No

Have you been convicted of any felony? Yes No

Have you been convicted of any misdemeanor that occurred within the last five years or for which the prison sentence ended less than five years ago (please do not provide information regarding first convictions for the following misdemeanors: drunkenness, simple assault, minor traffic violations, or disturbance of the peace)? Yes No

If you answered yes to any of the above 3 questions, please attach a brief letter of explanation.

The above student/trainee is currently enrolled and is in good standing at this institution.

The above student has completed a core clinical clerkship in psychiatry.

The student does have personal health insurance.

Malpractice insurance is in effect while the student is away from his/her school or training program.

(Copy of malpractice certificate) or \$ _____ per occurrence / \$ _____ aggregate.

The student/trainee completed HIPAA Training. Date _____.

The student/trainee has completed universal precautions (OSHA) program. Date _____.

The student/trainee is authorized to take this elective through this office.

Name: _____ Date: _____

Title: _____ Signature _____

(School Seal)

Educational Background: Post Graduate, Graduate, And Undergraduate

Starting with your most recent training/school, provide the following information:

Training/School (Include City & State)	Years completed	Completed	Area of specialization Major/Minor
		Degree _____ Certificate _____ Other _____	
		Degree _____ Certificate _____ Other _____	
		Degree _____ Certificate _____ Other _____	

Skills and Qualifications: Summarize any additional clinical, academic, research, or other experiences that you feel are relevant to your learning role in psychodynamic psychiatry – you also may include a description of verifiable volunteer work performed.

List name and telephone number of two professional references who are *not* related to you, including someone who has direct knowledge of your performance during your core clinical clerkship in psychiatry.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	

The following documentation is necessary for processing your application:

- _____ Proof of up-to-date PPD test.
- _____ Current curriculum vitae
- _____ Personal statement regarding your interest in the elective (500 words or less)

Applicant Statement

I certify that all information I have provided is true, complete and correct.

I expressly authorize, without reservation, the Austen Riggs Center to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or interview. I hereby release such individuals from any and all liability for damages arising from furnishing the requested information.

I understand that this elective is part of my educational training and that I shall not be considered an employee of the Austen Riggs Center if I shall be selected to participate in the elective.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from the elective, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature _____ Date ____/____/____