



AUSTEN RIGGS CENTER

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

## Fellowship in Psychodynamic Psychotherapy Application

Applying for : **Psychiatry Fellowship**  **Psychology Fellowship**

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_

Mobile/Beeper/Other #(\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Best place to call you: \_\_\_\_\_ home \_\_\_\_\_ work

Best time to call you: \_\_\_\_\_

May we contact you at work? Yes  No

Dates Applied for \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Are you legally eligible for employment in this country such that you may provide proof of work authorization: Yes  No

Licensure: \_\_\_\_\_  
State/Type/Date of issuance/expiration

Please submit this completed application, a letter of interest, curriculum vita, three letters of recommendation, and transcripts (undergraduate and graduate) to:

Doreen Barscz  
Erikson Institute Education Coordinator  
PO Box 962  
Stockbridge, MA 01262-0962  
413.931.5273  
Fax 413-298-40020

EXAMINATIONS:

USMLE: \_\_\_\_\_  
Part/Date/Score/# of attempts

ABPN: \_\_\_\_\_  
Date/# of attempts

Other Certifications: \_\_\_\_\_

Are you able to perform the essential functions of the fellowship for which you are applying, with or without reasonable accommodation? Yes  No  If no, please explain: \_\_\_\_\_

Have you been convicted of any felony? Yes  No  If so, please explain: \_\_\_\_\_

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, affray or disturbance of the peace)? Yes  No  If so, please explain: \_\_\_\_\_

Have you had a license to practice denied or revoked? Yes  No  If so, please explain: \_\_\_\_\_

**Educational Background: Residency, Internship, Post Graduate, Graduate, And Undergraduate**

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

School (Include City & State)	Years completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	

**Relevant Employment or Volunteer History**

Starting with the most recent work experience provide the following information (applicant may include a description of verifiable volunteer work performed):

Employer	Month Year Month Year Date employed: / to /
Job Title	
Summarize the type of work performed and job responsibilities.	

Employer	Month Year Month Year Date employed: / to /
Job Title	
Summarize the type of work performed and job responsibilities.	

**Skills and Qualifications**

Summarize any additional clinical, academic, research, or other experiences that you feel are relevant to your performance as a Fellow in Psychodynamic Psychotherapy. If you have experience with psychological testing, please describe.

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**References**

Please provide three peer references from individuals who hold a license **within your discipline** and provide the names and addresses of these individuals. We will contact them directly for their recommendation.

Name	Title	Address	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**List special accomplishments, publications, awards, etc.**

You may exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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How did you hear about The Austen Riggs Center?

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**Equal Employment Opportunity – No Discrimination**

The Austen Riggs Center does not discriminate against any person because of his/her race, color, citizenship status, religious creed, national origin, sex, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, ancestry, physical or mental disability, marital status, status as a disabled or Vietnam Era veteran of the United States Armed Forces, or being a member of the Reserves or National Guard, or status in any group protected by federal, state or local law, in the provision of or access to services, employment and activity. No question on this application is intended to secure information to be used for any discriminatory purpose.

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure a Fellowship with the Austen Riggs Center is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents 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 waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I hereby release my present and former employers and those individuals I have listed as references from any and all liability for damages arising from furnishing the requested information.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I also understand that Austen Riggs Center shall comply with the requirements of the Immigration Reform and Control Act, which require employers to verify the identity and work authorization of all newly hired employees, whether or not they are United States citizens.

Any offer of employment that I may receive from the Austen Riggs Center is contingent upon my successful completion of any pre-employment screening process, as may be determined by the Austen Riggs Center in its discretion, including review of references.

**Sealed Records:** Disclosure of information relating to such records.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” to an inquiry herein relative to prior arrests, criminal court appearance or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

Please note that the Austen Riggs Center shall not use criminal convictions as an absolute bar to employment.

**Lie Detector:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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 for employment, or (ii) may result in my immediate discharge for the employer’s service, whenever it is discovered.

I understand that this application does not constitute an employment contract of any kind. If I am hired, I understand that my employment at the Austen Riggs Center shall be on an “at will” basis. Should I be employed at the Austen Riggs Center, I may resign my employment at any time at my discretion, with or without notice and the Austen Riggs Center may terminate my employment at any time at its discretion, with or without cause and with or without prior notice. I understand that no documents or statements of the Austen Riggs Center shall constitute a contract of employment that in any way limits the Austen Riggs Center’s right to terminate employment at-will.

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_