

# AUSTEN RIGGS CENTER

**All completed materials should be mailed to:**  
Austen Riggs Center, c/o Human Resources, 25 Main Street PO Box 962, Stockbridge, MA 01262

## Elective in Psychodynamic Psychiatry Application

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 (mm/dd/yyyy) \_\_\_\_\_ Phone # \_\_\_\_\_

SSN \_\_\_\_\_ Fax # \_\_\_\_\_

### Educational Background: Post Graduate, Graduate, and Undergraduate

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

Training/School (Include City and 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

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## Elective in Psychodynamic Psychiatry Application, cont.

Name \_\_\_\_\_  
Last First Middle

### The following documentation is necessary for processing your application:

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

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### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### To Be Completed by Student's Dean's Office or Authorized School Official

<p>The above student/trainee is currently enrolled and is in good standing at this institution.</p> <p>The above student has completed a core clinical clerkship in psychiatry.</p> <p>The student does have personal health insurance.</p> <p>Malpractice insurance is in effect while the student is away from his/her school or training program.</p> <p>(Copy of malpractice certificate) or \$ _____ per occurrence / \$ _____ aggregate.</p> <p>The student/trainee completed HIPAA Training. Date ____/____/____.</p> <p>The student/trainee has completed universal precautions (OSHA) program. Date ____/____/____.</p> <p>The student/trainee is authorized to take this elective through this office.</p> <p>Name: _____ Date: ____/____/____</p> <p>Title: _____ Signature _____</p> <p style="text-align: right;">(School Seal)</p>
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