



Forensic Psychiatry Fellowship Program
Division of Forensic Psychiatry
Department of Psychiatry
SUNY Upstate Medical University
600 E. Genesee Street, Suite 217, Syracuse, NY 13202
PH: 315-464-3104 FX: 315-464-7188

Forensic Psychiatry Fellowship Program Application Form



Training to begin July _____ Current PGY Level _____

Name: Last First Middle

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Fax : _____

Telephone Number (day): _____ (evening): _____

Social Security Number: _____

If not a U.S. citizen, do you have the legal right to remain in the U.S.? [] Yes [] No

If you are a non-immigrant, please give your type of visa: _____

ECFMG Certificate Number: _____ Date of Issue: _____

USMLE: Part I [] Yes [] No Score: _____ Date: _____
Part II CK [] Yes [] No Score: _____ Date: _____
Part II CS [] Yes [] No Pass (Y/N): _____ Date: _____
Part III [] Yes [] No Score: _____ Date: _____

Did you pass each part of the USMLE on the first try? [] Yes [] No

If not, which part(s)? _____ Number of times for each part? _____

Do you anticipate starting the fellowship later than July 1? [] Yes [] No

If yes, please explain: _____

Licensed to practice in the following states:

State: _____ License #: _____ Expiration Date: _____
State: _____ License #: _____ Expiration Date: _____

DEA license? [] Yes [] No

License #: _____

EDUCATION: (NOTE: Do Not Need to List if Included on CV)

Undergraduate University			
Address:			
	Street	City/State/Zip Code	Country
	Date of Graduation:	Degree:	
Post Graduate University			
Address:			
	Street	City/State/Zip Code	Country
	Date of Graduation:	Degree:	
Medical School			
Address:			
	Street	City/State/Zip Code	Country
	Date of Graduation:	Degree:	

INTERNSHIP/RESIDENCY TRAINING

Institution (include full address)	Specialty	# Months Completed	Date Started	Date Completed (If in progress, indicate anticipated date of completion)

Please answer the following questions. If needed, attach additional sheets of paper for explanation.

Has your education been interrupted for any reason other than for vacation or maternity/paternity?	Yes	No
If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your privileges suspended or had any disciplinary action against you during your medical career? Please include actions by your medical school, residency, any hospital, and medical licensing authorities.	Yes	No
If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

What has led you to be specifically interested in the fellowship at SUNY Upstate Medical University?

LETTERS OF REFERENCE: One letter must be from your current (or most recent) Residency Program Director.

Residency Program Director Name and Title

Institution:

Full Address:

Phone Number:

Name and Title:

Institution:

Full Address:

Phone Number:

Name and Title:

Institution:

Full Address:

Phone Number:

Please arrange to have the letters of recommendation sent to:

James Knoll, M.D., Director
Forensic Psychiatry Fellowship Program
Division of Forensic Psychiatry
SUNY Upstate Medical University
600 E. Genesee Street, Suite 217
Syracuse, NY 13202

Applicant's Signature

Date

Applicant Name – Please type or print

NOTE: The signature and date of this statement must be original.

I authorize SUNY Upstate Medical University to contact my present/former Medical Education Director or Residency Program Director or any of my references with regard to my fellowship application. I further certify that the information contained in this application is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

Original Signature of Applicant

Date

Required items to be included in your application submission:

- CV: This should include all education and post-graduate training, employment experience (if relevant), honors/awards, and publications.
- Personal Statement (please limit to one page, single-spaced)
- Sample of writing (Forensic report preferred. If not available, you may substitute a Clinical Intake Note or manuscript you primarily authored.)
- Copy of ECFMG Certificate (if applicable)
- Copy of VISA (if needed)
- Photo (optional)

Please send all application materials to:

Linette Thorp
Program Coordinator
Forensic Psychiatry Fellowship Program
Division of Forensic Psychiatry
SUNY Upstate Medical University
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Syracuse, New York 13202