

Columbia University and New York State Psychiatric Institute Public Psychiatry Fellowship-Application Form



PERSONAL INFORMATION

Last name:

First name:

Street address:

City:

State:

Zip code:

Email address:

Phone number:



EDUCATION

List your residency program and any previous fellowships:

Residency:

City:

State:

Graduated
(expected
graduation):

Fellowship:

City: State:

Graduated
(expected graduation):

Have you passed
Step 3?

yes
no

If No please
explain:

Are you licensed in NYS?	yes no	If No, please explain
Are you legally allowed to work in the US?	American Citizen Green card holder J1 visa H1B visa Other	If Other, please explain:

What stimulated
your interest in
public psychiatry?

How do you see
your career
developing in the
next 5 years?

How would you
describe the role of a
public psychiatrist?

Please provide us with contact information for three references. No letters of recommendation are required. We will reach out to your references directly.

Please submit the completed form along with your CV to Dr. Stephanie LeMelle- Director of the Public Psychiatry Fellowship at Stephanie.LeMelle@nyspi.columbia.edu
