

Boston College
University Counseling Services

Postdoctoral Fellowship
APPLICANT QUESTIONNAIRE

INSTRUCTIONS FOR APPLICATION PROCESS:

Completed applications “packet” requires the following by or before January 2, 2025.

- ❑ A personal statement detailing your interest in the fellowship, why you would be a good fit, clinical strengths and growing edges, and training goals
- ❑ A curriculum vitae
- ❑ Two letters of recommendation from clinical supervisors (preferably 1 from Internship)
- ❑ Prior and current transcripts of ALL graduate coursework (includes Master’s level)
- ❑ This Applicant Questionnaire (pages 2 & 3)

Complete application “packet” can be submitted several ways:

- 1) Via APPA CAS (APPIC Psychology Postdoctoral Application)
- 2) Email to Selina Guerra, PhD (guerrase@bc.edu) with the subject heading:
COMPLETE FELLOWSHIP APPLICATION MATERIALS FOR (your name)
- 3) Physically mailed to:

Selina Guerra, Ph.D.
Assistant Director for Training
Boston College University Counseling Services
Gasson Hall 001
140 Commonwealth Ave.
Chestnut Hill, MA 02467

Please Note: Any physically mailed applications must be received on or before January 2, 2025 to be considered in the first round of interviews. **We do not accept any application materials by fax.**

APPLICANT QUESTIONNAIRE 2023-2024

Date: _____

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

▪ **If you are not a U.S. citizen, do you have a visa that is valid through the duration of the Fellowship?**
Yes / No

▪ **What is the status of your doctoral (academic) training program?**

Ph.D. _____ Psy.D. _____ Other _____
APA-Accredited _____ APA-Accredited, on probation _____ Not Accredited _____

If not APA / CPA-accredited, is the school regionally accredited? Yes / No

▪ **Is your Internship APA-accredited? Yes / No or CPA-accredited? Yes / No**

▪ **If not APA accredited, does it meet APPIC guidelines? Yes/ No**

If not APA accredited, please request APPIC guidelines form via email: Selina Guerra, PhD, UCS Training Director; guerrase@bc.edu

▪ **What is the current status of your dissertation / doctoral research project?** Indicate the dates of completion (or expected date) for each:

Data collected _____ Data analyzed _____
Targeted defense date _____ Formally scheduled date: Yes / No
Completed defense date _____

▪ **In the event you have not yet formally scheduled your defense date, we may need to communicate with your research chair to verify the likelihood of your completion of your doctorate by the start of the Fellowship on August 18, 2025. Please provide contact details.**

Primary research advisor: _____
Phone Number: _____
E-Mail: _____

▪ **State(s) you hope to be licensed:** _____

▪ **How did you learn about our training program?** _____

▪ Please confirm that, *as far as you can anticipate*, you will be able to begin the Fellowship on its official start date, which will be August 18, 2025: Yes/No

If “NO,” please indicate the potential difficulty:

▪ Doctoral internship end date: _____

Please list your SUPERVISED DOCTORAL CLINICAL TRAINING experiences, with a breakdown for each, as follows:

Example:

Bayside Child Guidance Center 2016-2017 20 clients 10 mo x 10 hrs/wk x 4 wks/mo = 400 hrs
Inpatient unit, Delta Hospital 2017-2018 32 clients 3 mo x 5 hrs/wk x 4 wks/mo = 60 hrs
Counseling Center, Univ. of X 2018-2019 68 clients 11 mo x 40 hrs/wk x 4 wks/mo =1760 hrs

For current clinical positions, please project ahead the likely number of clients and hours you expect to total by the end of your time on site.

Name & Type of Site Date Tot # Clients [Tot # Months] x [Hours/Wk] x [Wks / Mo] = TOTAL HRS

1. _____

2. _____

3. _____

4. _____

5. _____

(PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED)