



Postdoctoral Clinical Research Fellowship Application Instructions

Application Items — Submit all of the required documents in one package:

1. The completed Postdoctoral Clinical Research Fellowship Application.
2. Statement of Research Interests.
3. Cover letter — Explain why you are applying for this fellowship and how you feel it fits in with your career plans.
4. Curriculum Vitae — Include information about your research and clinical training experiences, employment and education history, as well as any publications, presentations and professional affiliations.
5. Official Graduate Transcripts.
6. Three Letters of Recommendation: At least two of the letters should be from individuals who have direct, evaluative knowledge of your research abilities and experience. At least one letter must speak to your clinical skills and experience as well. **Letters should be emailed directly from the recommender.**

Send application documents in one email to:

Kristen Catuara

Assistant Director of Administration, Education Programs

The Family Institute at Northwestern University

kcatuara@family-institute.org

(847) 733-4300, ext. 399

(847) 733-0390 (fax)

Applications for the Postdoctoral Clinical Research Fellowship will be accepted beginning **October 15, 2020** and completed applications are due by **December 18, 2020**. An application is considered to be complete when all required application documents have been received by The Family Institute at Northwestern University. Applications received after this date may not be considered for the current year. After the application has been reviewed, qualified candidates will be invited for an interview. All applicants will be notified by letter of the faculty's decision as quickly as possible.

The Family Institute at Northwestern University actively seeks applicants from underrepresented racial and ethnic groups so that our body of students, fellows, faculty and staff will more closely reflect the diversity of American society. Furthermore, The Family Institute is committed to broad inclusiveness and affording equal opportunity to all without regard to age, gender, race, ethnicity, national origin, religion, socioeconomic background, sexual orientation or physical ability.

Below are the application materials for the Postdoctoral Fellowship. Please follow the instructions below and send all materials on or before **December 18, 2020** to the email address listed above.



Postdoctoral Clinical Research Fellowship Application

APPLICANT INFORMATION

Full Name _____

Degree _____

Where did you complete your degree? _____

What program did you complete? _____

If you completed a psychology program, was the program APA approved? ☐ Yes ☐ No

Where did you complete your internship? *(if applicable)* _____

Was your internship APA approved? *(if applicable)* ☐ Yes ☐ No

CURRENT EMPLOYMENT INFORMATION

Place of Employment _____

Street Address _____

City/State/Zip _____

Business Phone _____

Supervisor's Name _____ Title _____

Applications accepted from October 15, 2020 — December 18, 2020.



BACKGROUND INFORMATION (OPTIONAL)

If you do not wish to provide this optional information, please check the box “I do not wish to answer.”

GENDER IDENTIFICATION	ETHNICITY IDENTIFICATION	RACE IDENTIFICATION
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not wish to answer	Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____ <input type="checkbox"/> I do not wish to answer	<i>Check all that apply:</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> I do not wish to answer

Are you fluent in any language besides English? If so, which one? _____

GRADUATE TRAINING

Please list all the schools at which you had completed graduate and postgraduate level coursework. An official, sealed transcript should be submitted from each school.

SCHOOL	DATES	TYPE OF DEGREE AWARDED	MAJOR/TOPIC OF STUDY



COUPLE AND/OR FAMILY THERAPY TRAINING EXPERIENCES

List all seminars, workshops and other training in couple and/or family therapy in chronological order, most recent first. If you have more items to list than this space allows, please include them in a separate document and attach it to this form.

SPONSORING AGENCY OR INSTITUTION	DATES	PRESENTER	PROGRAM OR TOPIC

PROFESSIONAL REFERENCES

Please list below all people who will provide your references. Three are required, but you may submit one additional reference. Forms with guidelines are enclosed for you to distribute to referrers.

NAME	RELATIONSHIP	ADDRESS	EMAIL ADDRESS



ADDITIONAL INFORMATION

Please add below any other information you think the Admissions Committee should know in considering your application.

How did you hear about the Postdoctoral Clinical Research Fellowship? _____

The Family Institute at Northwestern University does not find it possible to admit all applicants who meet its entrance requirements. The Institute, therefore, reserves the right to refuse admission to any applicant. It is the policy of The Family Institute that any trainee shall have equal access to the resources of The Family Institute. The Institute is committed to broad inclusiveness and affording equal opportunity to all without regard to age, gender, race, ethnicity, national origin, religion, socioeconomic background, sexual orientation or physical ability.

I certify that all statements made in this application for admission to the Postdoctoral Clinical Research Fellowship Program at The Family Institute at Northwestern University are correct, and I realize that all documents submitted in support of this application become the property of The Family Institute.

Applicant's Signature

Date