

Center for Interdisciplinary Brain Sciences Research
Research Training in Child Psychiatry and Neurodevelopment
Stanford University School of Medicine

Application

Last Name: First Name: Middle Name:

Stanford University affirms strongly its practices, policies, and purposes for affirmative action:

Ethnic Self-Description

If "Other" selected, please specify:

This program is particularly interested in encouraging applications from the following groups (check all that apply):

- Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis.
- Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

Office Use Only	Return this form with your application in order to indicate which credentials you are enclosing. All requested credentials must accompany your application.
	A. Cover Letter (Optional)
	B. Application Form
	C. CV
	D. Research Plan/Statement (3 Page Maximum – Instructions on Page 2)
	E. Letters of Recommendation (list names)
	F. Academic Records (list schools chronologically)

Submit your questions and/or application to the program coordinator:

Ms. Reiko Riley, MPH
Center for Interdisciplinary Brain Sciences Research
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
401 Quarry Road, MC 5795
Stanford, California, USA 94305-5795
reikor@stanford.edu

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APPLICATION FOR POSTDOCTORAL FELLOWSHIP

Full Legal Name (last, first middle)

Address for Correspondence

Email Address

Work Phone

Home Phone

Birth Place

Birth Date

Citizenship

Academic History: List all educational institutions attended after secondary school – include current enrollment.
Applicant must arrange to have all transcripts sent in support of this application. Unofficial copies are acceptable.

Institution & Location (list chronologically)	Attendance Dates (M/Y – M/Y)	Major Field of Study	Degree, Diplomas	Date Received or Expected

List clinical training, post-doctoral or occupational experience not covered above.

Employer	Type of Activity	Dates (M/Y – M/Y)

Honors

CA Medical License #

DEA License #

Other Professional License

Name(s) & Dept(s) of Stanford Faculty Members(s) with whom you wish to work

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Research Plan

In a separate document, please state briefly (not exceeding three pages) the nature of your research interests, and the work you propose to do, the methods you will employ, and the kind of results you hope to obtain. At the end of this statement please list your relevant publications.

What are your career plans? If you can, specify where you hope to go upon completion of this fellowship.

What do you consider the optimal time for you to begin this fellowship, should it be awarded to you? How flexible is this starting time? (Give a range in weeks.)

At the time of the application, have you made commitments that would preclude a two-three year commitment to a training grant?

Please state your current source of funding (if applicable):

Applicant must arrange for three letters of recommendation for the application to be considered. One letter should be from your current preceptor or thesis advisor. Provide below the names of three individuals you plan to contact. It is your responsibility to ensure that these letters of recommendation are submitted directly to the Program Coordinator by e-mail.

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This application and all supporting materials should be mailed to:

Ms. Reiko Riley
Center for Interdisciplinary Brain Sciences
Research Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
401 Quarry Road, MC 5795
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