



**APPLICATION INSTRUCTIONS FOR
IARPP MURIEL DIMEN FELLOWSHIP PROGRAM**

Please check the eligibility criteria before continuing.

THE APPLICATION CONSISTS OF:

- 1) A two-page form to be filled out, printed, and mailed with your fellowship package
- 2) A curriculum vitae
If applicable, please include your expected position during the 201x-1y fellowship term.
- 3) A personal statement of three to six double-spaced pages
The Fellowship Committee would like to learn something about you as a person as well as understand your intellectual interests and professional development. You should include information about how will you use the fellowship to further your professional goals. Additionally, please address the following points in your personal statement:
 - a. Personal history
 - b. How your interest in mind in its relational and social contexts (intersubjective, interpersonal, cultural, historical and linguistic) has developed and become relevant to your clinical work, research, leadership, teaching, and written or artistic endeavors
 - c. Career and other intellectual interests and professional goals. These may include the areas of applied psychoanalysis and community outreach/development.
- 4) Three letters of recommendation
Please send three letters of support: one from a supervisor, faculty, or senior colleague; two additional letters of support from faculty members or supervisors (or other appropriate references). There should be a total of three letters submitted along with your application. Your application will not be considered complete without these three letters. Please do not provide additional letters of recommendation.

SEND TO: **Roberto D'Angelo** r_dangelo@icloud.com or
Francesca Colzani francesca.colzani@gmail.com



2017-2018 IARPP MURIEL DIMEN FELLOWSHIP APPLICATION

BEFORE COMPLETING THIS APPLICATION MAKE SURE YOU HAVE READ THE ELIGIBILITY CRITERIA

Check One: Psychiatrist Psychologist Social Worker
Academic Other/Multidisciplinary

Last Name: _____ First: _____ M.I.: _____

Degree: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone (please indicate if cell or office): _____

Alternate Phone (please indicate if cell or office): _____

Fax: _____ Email: _____

Birthplace (City, Country): _____

Medical or Graduate School: Country (of Med School): _____

Degree: Year Graduated: _____

Other Graduate Degree(s):

_____ Year: _____ Field: _____

_____ Year: _____ Field: _____

Specify Other Medical Specialty Training (Psychiatrists Only)

If so, Boarded in Other Medical Specialty (Psychiatrists Only) Yes No



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Name: _____

Current Position: _____

If M.D., PGY Level: _____

Full-Time: Other (specify): _____

Institution/Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How did you learn about the fellowship? Check all that apply (must be completed)

Training Director Chair Supervisor Former Fellow

Flyer Email Announcement (specify) _____

IARPP Website Other Website (Specify) _____

Other (specify) _____

Comments: