NYU CHILD STUDY CENTER / BELLEVUE HOSPITAL CENTER
DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY

Offers a Two-Year Fully Accredited Graduate
Training Program
in
Child and Adolescent Psychiatry
Approved by the Accreditation Council for
Graduate Medical Education for Residency
Training in Psychiatry and Child Psychiatry

APPLICATION PROCEDURE:

The formal application deadline is September 15, 2008. However, applications are accepted from qualified candidates for the two-year program until all interview slots are filled. The following material should be sent to the Training Director's office:

- Completed application form
- Curriculum Vitae
- Personal statement
- Three letters of recommendation
- Official medical school transcript and official Dean's Letter
- Copy of medical school diploma
- USMLE Certified Transcript of Scores (Steps 1, 2, & 3)
- General Psychiatry Requirements Form completed by general psychiatry Director of Residency Training (if still in training)
- Copy of graduation certificate (if completed general psychiatry training)
- Copy of ECFMG certificate (if applicable)
- Copy of current valid medical license or limited permit
- Copy of New York state license (if applicable)
- Recent photograph

Interviews are scheduled only after the above documentation has been received.

RETURN COMPLETED APPLICATION TO:

Zoe Scott
Child and Adolescent Psychiatry Residency Program Coordinator
NYU Child Study Center
577 First Avenue
New York, NY 10016
(212) 263-2072
(212) 263-0202
zoe.scott@nyumc.org

NEW YORK UNIVERSITY - BELLEVUE HOSPITAL CENTER
DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY

APPLICATION FOR RESIDENCY
IN CHILD AND ADOLESCENT PSYCHIATRY

NAME_____

DATE OF APPLICATION _____

ADDRESS _____

_____

TELEPHONE #: (HOME)_____(OFFICE)_____

DATE OF BIRTH_____SOCIAL SECURITY #_____

MARITAL STATUS_____CITIZENSHIP/VISA STATUS_____

DATE POSITION DESIRED_____

PERSONAL HEALTH_____

PGY LEVEL **AS OF JULY 2009:**_____

NAME, ADDRESS AND TEL. # OF PERSON TO CONTACT IN CASE OF EMERGENCY:

_____

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PLEASE NOTE: **A valid New York State medical license is required for employment at New York University / Bellevue Hospital Center. You may apply to our program without a New York State medical license, but you must have a valid license and a DEA Controlled Substance Registration Certificate by July 1, 2009, or you will be unable to start the program.**

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ARE YOU LICENSED TO PRACTICE IN NEW YORK STATE?_____

LICENSE NUMBER:_____DATE ISSUED_____

ARE YOU LICENSED TO PRACTICE IN ANOTHER STATE?_____

IF YES, PLEASE LIST ALL STATES IN WHICH YOU ARE LICENSED TO PRACTICE:

STATE:_____LICENSE#:_____DATE ISSUED:_____

STATE:_____LICENSE#:_____DATE ISSUED:_____

ARE YOU BOARD CERTIFIED IN ANY MEDICAL SPECIALTY?_____
IF YES, PLEASE LIST ALL BOARD CERTIFICATIONS:

SPECIALTY BOARD:_____CERTIFICATE NUMBER:_____
DATE CERTIFIED:_____

SPECIALTY BOARD:_____CERTIFICATE NUMBER:_____
DATE CERTIFIED:_____

USMLE STEP 1:_____DATE PASSED
USMLE STEP 2:_____DATE PASSED
USMLE STEP 3:_____DATE PASSED

UNDERGRADUATE EDUCATION:

_____
name/address of college/university from which you graduated

UNDERGRADAUTE MAJOR:_____

DATE OF GRADUATION_____DEGREE_____

MEDICAL SCHOOL:

_____
name/address of medical school from which you graduated

DATE OF GRADUATION_____DEGREE_____

GRADUATE EDUCATION:

_____

_____
name/address of any additional graduate education programs attended (e.g., masters or doctoral programs); if none, please specify.

DATE OF GRADUATION_____DEGREE_____

GENERAL PSYCHIATRY RESIDENCY TRAINING PROGRAM:

_____
name/address of training program

RESIDENCY DIRECTOR:_____

MAY WE CONTACT YOUR RESIDENCY DIRECTOR?_____

RESIDENCY DIRECTOR CONTACT INFORMATION (please include mailing address, telephone number, and email address):_____

_____

_____

_____

ANTICIPATED DATE OF GRADUATION:_____

ADDITIONAL POSTGRADUATE TRAINING AND EDUCATION:_____

_____

_____

name/address of any additional post-graduate medical or research training; if none, please specify.

OTHER RESIDENCY (if any):_____

_____

_____

List three professional references who will send letters supporting your application. Letters of recommendation should be dated within six months of your application. (Upon acceptance into the NYU Child and Adolescent Psychiatry Program, three updated letters of reference will be required for the credentialing process.)

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_____

MAY WE CONTACT YOUR REFERENCES DIRECTLY SHOULD WE HAVE FURTHER QUESTIONS?_____

NRMP Number:_____

Thank you for your application!