Forensic Psychiatry Fellowship
Common Application Checklist

Please submit the following documents to the fellowship program:

- □ Common Application Form
- □ Photo
- □ Curriculum Vitae
- □ Personal statement of one single-spaced page or less that explains your interest and/or experience in forensic psychiatry
- □ At least one additional writing sample (e.g., de-identified forensic report or psychiatric evaluation, published manuscript of which you are the first author)
- □ Copy of medical school diploma
- □ Copy of ECFMG certificate (if applicable)
- □ Copy of current medical license(s)
- □ Copy of USMLE/COMLEX scores

Please request that the following documents are sent directly to the fellowship program from the source:

- □ 3 letters of reference, one of which must be from your current program director or, if you have completed training within the past five years, the director of the program from which you graduated most recently

- □ Official copy of medical school transcript and dean's letter

Please send all application material to:

Merrill Rotter, M.D.
Program Director
1500 Waters Place
Bronx, New York 10461
merrill.rotter@omh.ny.gov
Telephone: 929-248-3240

Email is preferable.

Applications are accepted on a rolling basis and continue until the program has filled its positions. Programs begin accepting applications for the 2022-2023 fellowship year on January 1, 2021, and interviews begin on April 1, 2021.

Forensic Psychiatry Fellowship

Common Application Form

Fellowship Year 2021-2022

GENERAL INFORMATION

Full Name *(first, middle, last):*

Preferred Name:

Date of Birth:

Current Address *(street, city, state, zip code, country)*:

Cell Phone: Alternate Phone:

Email Address:

Languages Spoken *(indicating level of fluency)*:

EDUCATION (Undergraduate, Medical School, Other)

University/College	Degree Obtained	Month & Year of Graduation

RESIDENCY & FELLOWSHIP TRAINING

Institution/Hospital	City, State, Country	Start Date (mm/yy)	End Date (mm/yy)

REFERENCES

Please list the names of three individuals from whom you have solicited letters of reference. If you are currently a trainee or have completed training within the last five years, at least one of the letters must be from your most recent Residency or Fellowship Program Director.

Name	Title	Institution	Email address	Phone number

CERTIFICATION & LICENSURE

Have you passed all three steps of the USMLE/COMLEX-USA? ☐Yes ☐No

ECFMG Number (if applicable):

Do you have a license to practice medicine? ☐Yes ☐No

If yes, in which state(s)? License Number(s): Expiration date(s):

Are you Board Certified in psychiatry or any other specialty? ☐Yes ☐No

If yes, which other specialty or specialties?

CITIZENSHIP & VISA INFORMATION

Citizenship:

Visa Status: ☐N/A ☐J-1 ☐H-1 ☐Other (please specify):

Have you completed all necessary requirements for visa renewal to cover the period of your fellowship training?

☐Yes ☐No

If no, please attach a written explanation.

ADDITIONAL INFORMATION

If you answer "yes" to any of the questions below, please attach a written explanation.

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended?

☐Yes ☐No

Have you ever been placed on academic probation while in medical school or residency/fellowship training?

☐Yes ☐No

Have you ever been dismissed from an appointment to medical school, residency, fellowship, or professional employment? ☐Yes ☐No

Have you ever resigned from any employment position, including a residency or fellowship program?

☐Yes ☐No

Do you have any pending or previous professional misconduct allegations? ☐Yes ☐No

Have you ever been convicted of a felony, and/or do you currently have any pending criminal charges?

☐Yes ☐No

Is there a gap of six months or more (without education, training, or professional employment) on your CV since beginning medical school? ☐Yes ☐No

ATTESTATION

I certify that the information provided in this application is complete and accurate. I understand that any false, missing, or misleading information may disqualify me from a fellowship position.

Printed Name: Date:

Signature:

RELEASE FROM LIABILITY

I concur that immunity be extended to all persons and institutions furnishing information of my qualifications to the fellowship programs and to their affiliated hospitals. Such immunity shall cover all acts and statements made in good faith and without malice.

Printed Name: Date:

Signature: