



THE ALLIANCE
for Eating Disorders Awareness

**THE ALLIANCE'S POSTDOCTORAL
FELLOWSHIP PROGRAM**
4400 North Congress Avenue #100
West Palm Beach, FL 33407

POSTDOCTORAL FELLOWSHIP APPLICATION

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER (OR OTHER LEGAL ID) _____

Are you a United States Citizen? YES NO

HOME PHONE () _____ OFFICE PHONE () _____ MOBILE PHONE () _____

1. **EDUCATION** (BEGINNING WITH CURRENT SCHOOL) ---IF NOT LISTED ON CURRICULUM VITAE

UNIVERSITY	DEPARTMENT	DATES	MAJOR/EMPHASIS	DEGREE

2. **OTHER TRAINING** (NOT IN THE FIELD OF PSYCHOLOGY)

3. **LIST HONORS and/or AWARDS YOU HAVE RECEIVED**

4. IF NOT APA/CPA-ACCREDITED, IS YOUR SCHOOL REGIONALLY ACCREDITED? YES NO

5. DOCTORAL DEGREE _____ DATE AWARDED _____ DATE ANTICIPATED _____

6. **WHAT ARE YOUR EXPECTATIONS OF A POSTDOCTORAL FELLOWSHIP?**

7. **LICENSURE/CERTIFICATION(S):**

8. **HOW DO YOU ENVISION OUR FELLOWSHIP PROGRAM MEETING YOUR TRAINING GOALS AND INTERESTS?**

9. **THEORETICAL ORIENTATION** – Please describe your theoretical orientation(s):

10. **OTHER**

Briefly describe any additional information that you believe is relevant to your application.

11. **PROFESSIONAL CONDUCT**

Please answer ALL of the following questions with “NO” or “YES.” For any “YES” response, attach an explanation on a separate sheet of paper.

a. Has disciplinary action, in writing, of any sort, ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification board?

NO YES

b. Are there any complaints currently pending against you before any of the above-listed bodies?

NO YES

c. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

NO YES

- d. Have you ever been suspended, terminated or asked to resign by a training program, practicum site or employer?
 NO YES

- e. Have you ever been convicted of an offense against the law, other than a minor traffic violation?
 NO YES

- f. Have you ever been convicted of a felony?
 NO YES

12. REFERENCES

List the individuals who will be sending letters of recommendation and applicant performance evaluations. At least three references are required. We ask that two of your references be from clinical supervisors.

	NAME AND TITLE	ADDRESS	TELEPHONE NUMBER
Director of Training from your internship			
Internship Supervisor			
Other Supervisor			
Dissertation Chair or Faculty Member			
Other Reference			

HOW DID YOU HEAR ABOUT THE ALLIANCE FOR EATING DISORDERS POSTDOCTORAL FELLOWSHIP AND HOW DOES IT MEET YOUR NEEDS?

Your application must include:

- 1. A letter from the director of the graduate program stipulating that, by the start date of the Postdoctoral Fellowship Program, applicant has completed all requirements for their doctorate and will graduate*
- 2. Verification and Eligibility of Readiness Letter from the pre-doctoral internship training director to begin a fellowship program*
- 3. A current curriculum vitae*
- 4. Three (3) letters of recommendation from clinical supervisors (at least one from internship) sent by the supervisor*
- 5. Official transcripts (an unofficial copy may be sent while we are waiting for the certified copy from the university)*
- 6. Written work sample completed within the last 2 years, preferably during internship.*

Send your application, letter of interest, curriculum vitae, and other attachments in PDF format to: jhendelman@allianceforeatingdisorders.com

Alternatively, you may mail all required documents to:

Dr. Joann Hendelman
c/o The Alliance for Eating Disorders Awareness
Postdoctoral Training Program
4400 North Congress Avenue, Suite 100
West Palm Beach, FL 33407

Please note: Official transcripts must be mailed to The Alliance for Eating Disorders Awareness in the original sealed envelope from the school. These cannot be sent by email.