



THE ANNIE GOODRICH POST GRADUATE FELLOWSHIP  
IN BEHAVIORAL HEALTH  
HARTFORD HOSPITAL/THE INSTITUTE OF LIVING

*DEADLINE: Jan. 15*  
*Invitations to interview will be mailed on or before Feb. 14*  
*Final decision by the selection committee will be made on or before March 21*  
*Full acceptance into the program will be contingent on passing the Certification Exam by June 30.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Home address: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred phone #: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Specialty Track: (select one track)

\_\_\_\_\_ Child/Adolescent    \_\_\_\_\_ Adult    \_\_\_\_\_ Geriatric (offered on odd years)    \_\_\_\_\_ Addictions

Any misdemeanor /convictions/ felony/ limitation on your license?    \_\_\_ No    \_\_\_ Yes (If Yes, please explain)

Have you ever been named in a malpractice suit?    \_\_\_ No    \_\_\_ Yes (If yes, please explain)

**A completed application must include the following:**

- A. Complete the application form above.
- B. **Form B:** Please select a graduate school faculty (who is NOT an author of any letters of recommendation) to complete this form.
- C. Three letters of recommendation (at least one from faculty) addressing your academic, clinical and personal qualifications to participate in a rigorous fellowship.
- D. Statement (no more than 2-3 pages, double spaced, size 12 font, 1" margins) addressing the following:
  - a. Why are you seeking a fellowship at this institution?
  - b. Why are you choosing this particular population and clinical area?
  - c. What do you uniquely bring to this experience?
  - d. Strongest/ weakest areas in graduate school?
  - e. What are your goals by the end of the fellowship?
  - f. List the classes and work experiences related to and supportive of this fellowship
  - g. List any anticipated concerns, challenges or conflicts regarding this fellowship
- E. An official copy of your transcript
- F. Resume/CV
- G. Recent photo of yourself

To be considered, applications must be complete and include A-F as attachments in one email. Submissions with only portions of the application will not be accepted.

Send completed packet before Jan. 15th to: Barbara.Emery@hhchealth.org

**Application Form B**

*To be completed by professors/clinical placement preceptors during graduate school.*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Capacity for knowing the candidate:

\_\_\_\_ Classroom professor (Class(es) taught: \_\_\_\_\_)

\_\_\_\_ Clinical Professor (name of facility: \_\_\_\_\_)

\_\_\_\_ Other

Length of time you have known the candidate \_\_\_\_\_ (years \_\_\_\_\_ - \_\_\_\_\_)

Does the candidate demonstrate the values of Hartford HealthCare?

Excellence \_\_\_ Yes \_\_\_ No

Safety \_\_\_ Yes \_\_\_ No

Integrity \_\_\_ Yes \_\_\_ No

Caring \_\_\_ Yes \_\_\_ No

Equity \_\_\_ Yes \_\_\_ No

Please rank the candidate (1 = below standard; 2 = meets expectations; 3 = impressive)

1. Initiative \_\_\_ or \_\_\_ cannot determine

2. Academic capability \_\_\_ or \_\_\_ cannot determine

3. Clinical ability \_\_\_ or \_\_\_ cannot determine

4. Communication skills \_\_\_ or \_\_\_ cannot determine

5. Punctuality \_\_\_ or \_\_\_ cannot determine

6. Dependability \_\_\_ or \_\_\_ cannot determine

7. Independence \_\_\_ or \_\_\_ cannot determine

8. Team player \_\_\_ or \_\_\_ cannot determine

Please feel free to provide any other comments: