



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

*DEADLINE: Jan. 15, 2022*

*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: [cynthia.belonick@hhchealth.org](mailto:cynthia.belonick@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: