

Lovick C. Miller
Postdoctoral Fellowship in Clinical Child/Pediatric Psychology
Division of Child and Adolescent Psychiatry
Department of Psychiatry and Behavioral Sciences
University of Louisville School of Medicine

Personal Information Sheet

To Be Completed By Applicant:

1. Name: _____
Home Phone:() _____ Work Phone:() _____
Address: _____

2. Education & Training:
A. Predoctoral Internship: _____

Dates: _____
APA Accredited? Yes No Area: _____

B. Graduate Education:
University Department Dates Specialty Degree

Graduate GPA: _____ Undergraduate GPA: _____

C. Undergraduate Education:
University Location Major Degree Dates

3. We require four letters of recommendation. These should be from your Director of Internship Training, the Director of Training at the graduate institution granting your doctoral degree, professors, supervisors, and others familiar with your academic and clinical training.

4. Please describe your predoctoral internship experiences, including patient populations seen, psychological assessments, treatment approaches, amount and type of supervision, etc. You may attach a copy of the internship program's brochure and/or training document if you feel this would be helpful. _____

5. Research Experiences and Interests:

A. Give your dissertation title and a brief description of the project:

Title: _____

Project Description: _____

B. Describe other research projects you have been involved in (list any professional publications, presentations, grants, etc.)

C. Current research interests, especially those relevant to the Postdoctoral Fellowship:

6. Please list graduate coursework which was specifically oriented towards clinical child and/or pediatric psychology specialization:

Course Title

Credit Hours

7. Please have official copies of transcripts of your graduate and undergraduate studies sent to us as part of the application process.
8. Please attach a copy of your current curriculum vita.
9. If you have had any work experiences and/or employment since you received your doctoral degree, please describe below:

A letter of recommendation from your employer is suggested.

10. List any honors, offices held, etc.

11. Tell us a bit about your personal interests such as hobbies, family, sports, crafts, music, or other extraprofessional involvements:

12. Provide a statement of your goals in pursuing a postdoctoral fellowship:
(Continue on back if you need more space).

Send completed Personal Information Sheet and supporting materials to:

Bryan D. Carter, Ph.D.
Director, Postdoctoral Fellowship Program
in Clinical Child/Pediatric Psychology
Division of Child & Adolescent Psychiatry
University of Louisville School of Medicine
200 East Chestnut Street
Louisville, Kentucky 40202