



# American Psychiatric Association Child & Adolescent Psychiatry Fellowship Program

First Name  Last Name

Middle Initial  Degree  APA Member ID

Address

City  State  Zip

E-mail  Phone

---

PGY

Training Program

Training Director

---

Area of Interest 1)

Area of Interest 2)

Area of Interest 3)

Area of Interest 4)

---

Be sure to include the following three items with your completed application: (1) Personal Statement (500 words or less), (2) Curriculum Vitae (1-3 pages), and (3) Letter of Recommendation from Training Director. All items may be submitted either electronically to [kids@psych.org](mailto:kids@psych.org), by fax to 703-907-7852, or mailed to the following address: Child & Adolescent Psychiatry Fellowship, c/o American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22207

---

Please indicate any other APA Fellowship (of the one's listed below) you may have already applied to or are planning to submit an application. This information will only be used for internal tracking and not for determining eligibility.

- APA American Psychiatric Leadership Fellowship
  - APA Public Psychiatry Fellowship
  - APA Diversity Leadership Fellowship
  - APA/SAMHSA Minority Fellowship
  - APA/SAMHSA Substance Abuse Fellowship
- 

**Submission Deadline: December 15**