UW Medicine
UNIVERSITY of WASHINGTON

DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

APPLICATION FOR NATIONAL RESEARCH SERVICE AWARD
T32 INTEGRATED MENTAL HEALTH
FELLOWSHIP PROGRAM

University of Washington
Department of Psychiatry & Behavioral Sciences
Box 356560
Seattle, WA 98195-6560
(206) 543-7177

Name: _____

Telephone: _____

Mailing Address: _____
(number & street) (city) (state) (zip code)

Expected Date of Graduation: _____

Date of professional licensure or certification (if applicable): _____

Do you envision any problems in obtaining a Washington State License? _____

Are you a U.S. Citizen?_____

REFERENCES: List the names of three persons whom you have asked to send letter of recommendation. (If you are a recent graduate, we suggest your residency/internship program director or department chairperson to be one of these.)

1. _____
2. _____
3. _____

ADDITIONAL INFORMATION

1. A current curriculum vitae

2. Cover Letter (2 pages maximum)
    a. Candidate Background
    b. Professional Goals
    c. Proposed Mentor(s)
    d. Training Plan

3. Proposed Research Project(s) (3 pages maximum excluding references)
    a. Background
    b. Specific Aims
    c. Methods

SIGNATURE: _____ DATE:_____