

Submission Instructions: Applications for an Emergency Psychiatry Fellowship position for **July 1, 2024 – June 30, 2025** are due by **5:00 PM** on **December 29, 2023**. Applications should be mailed directly to:

Victoria L. Brooks, MD
Erie County Medical Center
462 Grider Street, 11th Floor
Buffalo, NY 14215
c/o Julie Mikula

Requirements: To be considered for a fellowship, applicants must have:

- Completed Emergency Psychiatry Fellowship Application
- Current academic vita
- Personal statement as to why you wish to train in this fellowship (Limit your response to 1,000 words or less)
- Letter of recommendation from your Residency Training Director
- Two additional letters of reference from resources with direct knowledge of clinical experiences and abilities
- Candidate transcripts detailing completed coursework and training

* An application does NOT guarantee a placement in the Emergency Psychiatry Fellowship at the University at Buffalo.



**University at Buffalo
Emergency Psychiatry Fellowship
Application Form**

General Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ Work Phone: _____

State: _____ Zip: _____ Preferred Phone: _____

Primary Email: _____ Secondary Email: _____

Citizenship Status: _____ Country of Citizenship: _____

Do you hold a VISA? Yes or No If yes, answer the following:

Visa Type: _____ Visa Number: _____ Current and Valid? _____

Languages other than English (including American Sign Language) in which you are FLUENT:

Education

Post Graduate Degree (i.e., MD, DO, MS)	University/College	Month/Year of Graduation

Residency and/or Clinical Experience

Position Title	Institution/Hospital	City, State, Country	Start/End Dates (mm/yy)

State Medical Licenses

State	Number	Expiration Date

References

Please list the names of two (2) references below. Reference letters must be submitted by the author (email is acceptable and preferred: juliemik@buffalo.edu), and at least one (1) of the letters must be from your Residency Program Director.

Name: _____ Title: _____ Institution: _____

Name: _____ Title: _____ Institution: _____

Professional Conduct

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended?

No Yes If "Yes", please elaborate:

Have you ever been placed on academic probation in medical school or residency training?

No Yes If "Yes", please elaborate:

Have you ever been dismissed from an appointment to medical school, residency, fellowship, or professional employment?

No Yes If "Yes", please elaborate:

Have you ever resigned from any employment position, including a residency or fellowship program?

No Yes If "Yes", please elaborate:

Do you have any pending or previous professional misconducts?

No Yes If "Yes", please elaborate:

Have you ever been convicted of a felony or misdemeanor and/or do you currently have any pending criminal charges?

No Yes If "Yes", please elaborate:

Written Response

Please provide a personal statement. There is no “correct” format for this question. Answer this question as if someone asked you, “Why do you wish to train in this Emergency Psychiatry Fellowship?” Limit your response to 1,000 words or less. Attach on a separate piece of paper.

Summary

Thank you for your interest in the Emergency Psychiatry Fellowship Program through the University at Buffalo, and for completing this application form. Any and all applicants will be initially reviewed by the Fellowship Director for minimum basic criteria and requirements listed in this application. Qualified applicants will then be scheduled for an interview and evaluated based on completion of requirements for the program, academic and clinical training, and applicant responses to standard interview questions.

Verification

By signing below, I certify that all information on my application for admission to the Emergency Psychiatry Fellowship Program at the University at Buffalo is complete and accurate to the best of my knowledge. Misrepresentation, by any means, will invalidate my application and may result in dismissal if admitted. Missing required information about qualifications may also invalidate my application.

Signature

Date